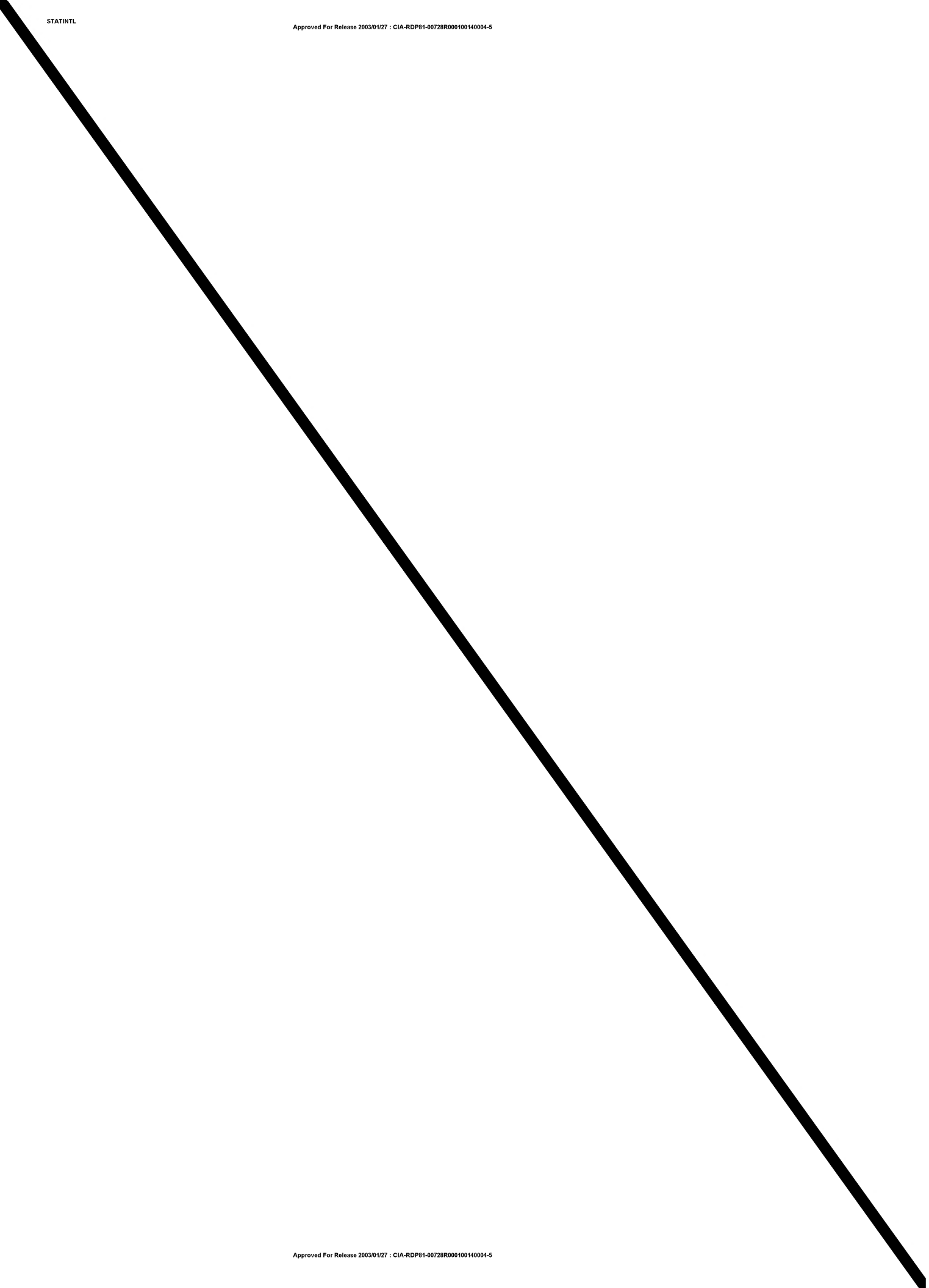


CONFIDENTIAL

Deputy Director for Administration

13 January 1951

Advisor for Management

Administrative Instruction [redacted]

25X1A

25X1A

1. Herewith submitted for approval is Administrative Instruction [redacted] Medical Treatment and Processing of Employee Compensation Claims, along with the comments and concurrences of the CIA Offices.

2. All comments and suggestions have been taken into account in the preparation of this final version. There are no outstanding points of conflict except in regard to Office of Special Operations personnel. The Assistant Director for Special Operations has indicated a desire to process all overseas claims within his own Office for security reasons, rather than processing them for review to the Chief, Medical Staff, and the Personnel Director.

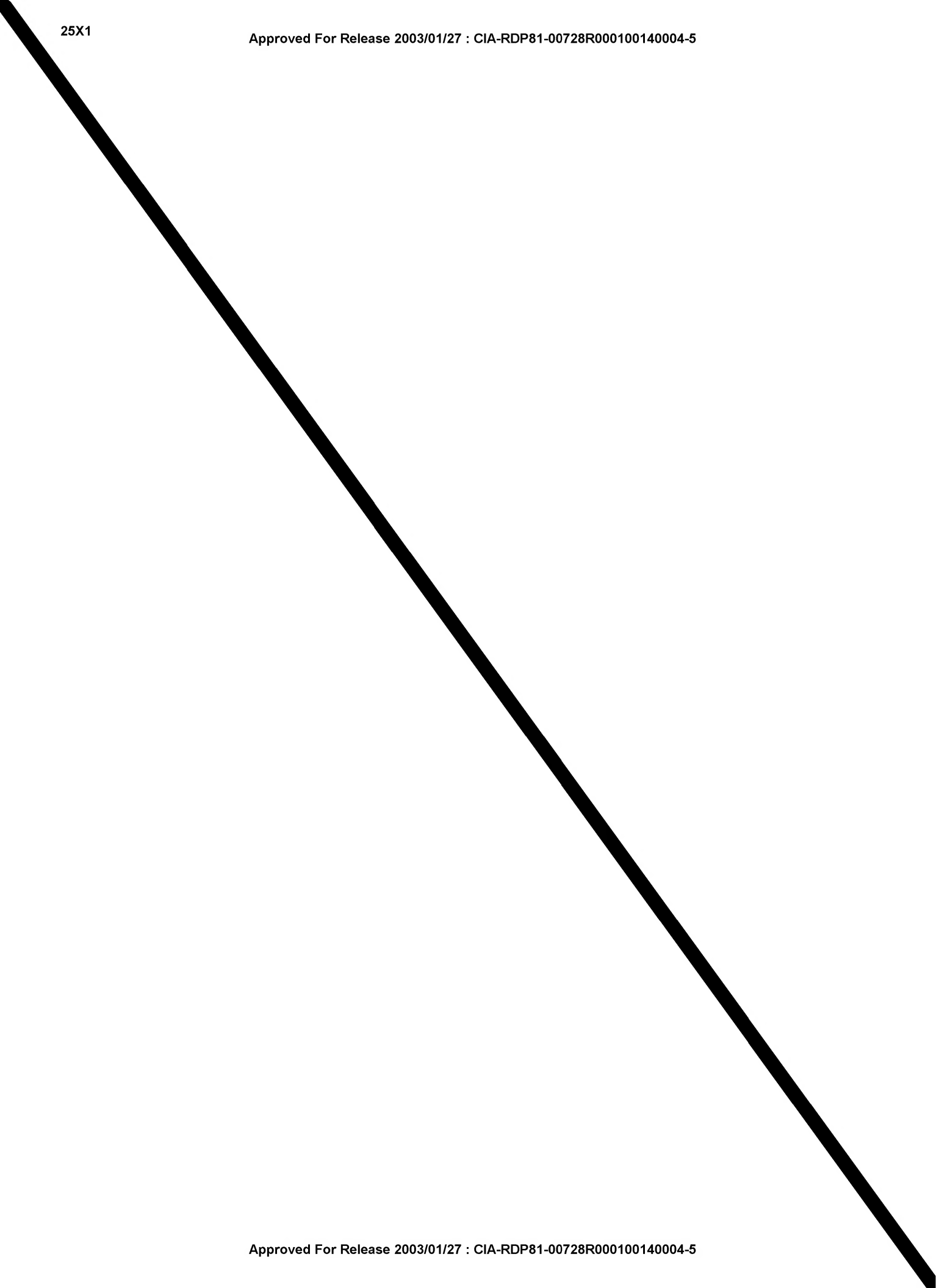
3. It is recommended that a uniform policy be established for the Agency through the publication of the attached Administrative Instruction.

25X1

Att: Adm. Instr. [redacted]

Subject File
Chrono
12 Jan 51
/rc

CONFIDENTIAL



Approved For Release 2003/01/27 : CIA-RDP81-00728R000100140004-5

CONFIDENTIAL

ER 1-5119

25 January 1951

MEMORANDUM FOR: Deputy Director of Central Intelligence

SUBJECT: Proposed Administrative Instruction [redacted] (atchd)

25X1A

1. The attached proposed Administrative Instruction has the concurrence of Dr. Tietjen. As you will note, it also has the concurrence of the General Counsel. It has been coordinated as far as possible by the Advisor for Management.

2. This has apparently been a quite controversial subject within the Agency for about a year, and I am informed that discussions of the original proposal were quite heated at times during the previous administration.

3. In view of this, I believe it would be well to have the concurrence of your office in this matter prior to my signing the proposed instruction.

25X1A

[redacted]

MURRAY McCONNEL
Deputy Director
(Administration)

Concur WB

Attachments

CONFIDENTIAL

27 Jan 51

Next 1 Page(s) In Document Exempt

Approved For Release 2003/01/27 : CIA-RDP81-00728R000100140004-5

STANDARD FORM NO. 64

CONFIDENTIAL

Office Memorandum • UNITED STATES GOVERNMENT

TO : Deputy Director for Administration **DATE:** 13 January 1951

FROM : Advisor for Management

SUBJECT: Administrative Instruction No. [redacted] 25X1A

1. Herewith submitted for approval is Administrative Instruction No. [redacted] 25X1A Medical Treatment and Processing of Employee Compensation Claims, along with the comments and concurrences of the CIA Offices.

2. All comments and suggestions have been taken into account in the preparation of this final version. There are no outstanding points of conflict except in regard to Office of Special Operations personnel. The Assistant Director for Special Operations has indicated a desire to process all overseas claims within his own Office for security reasons, rather than processing them for review to the Chief, Medical Staff, and the Personnel Director.

3. It is recommended that a uniform policy be established for the Agency through the publication of the attached Administrative Instruction.

[redacted] 25X1A

Att: Adm. Instr. [redacted] 25X1A

CONFIDENTIAL

Next 1 Page(s) In Document Exempt

Approved For Release 2003/01/27 : CIA-RDP81-00728R000100140004-5

1398

STANDARD FORM NO. 64

CONFIDENTIAL

Office Memorandum • UNITED STATES GOVERNMENT

TO : Management Officer

DATE: 19 September 1950

FROM : Assistant Director, Special Operations

SUBJECT: Re-draft of Proposed Administrative Instruction re Medical Treatment and Processing of Employee Compensation Claims

1. Reference is made to the memorandum from the Management Officer, subject as above, dated 15 September 1950, wherein it is requested that a representative of this office "authorized to take final action" be in attendance at the scheduled meeting.

25X1A

2. Messrs. John Warner [redacted] of this office will attend the meeting but are not authorized to take final action on behalf of OSO. It is requested that the final draft resulting from this conference, as well as others which may develop from such cases in the future, be referred, as in the past, to this office for final ADSO staff action.

3. It is a well established fact that the complexity of these problems as they relate to clandestine operations, particularly in the field, warrant careful and studied approval by the ADSO and his staff. Inasmuch as the proposed administrative instruction under discussion was first circulated 11 May 1950, a second time on 21 August 1950 and will be considered for a third time on 22 September 1950, it would appear reasonable to request a few days following the conference for further staff study prior to publication. The apparent difficulty in reaching agreement on previous drafts would seem to support this conclusion.

FOR THE ASSISTANT DIRECTOR FOR SPECIAL OPERATIONS:

[redacted]

25X1A

Executive Officer

SEP 20 1950

CONFIDENTIAL

RESTRICTED

6643

28 August 1950

MEMORANDUM TO: Management Officer

FROM: Assistant Director for Special Operations

SUBJECT: Draft of Proposed Administrative Instruction

1. This office concurs with the draft of Administrative Instruction re Medical Treatment and Processing of Employee Compensation Claims, dated 21 August 1950, insofar as Washington Area [redacted] employees are concerned. The instruction, however, appears to be inappropriate for the handling of compensation claims of OSO overseas personnel and in conflict with the basic policy upon which present procedures are based. Therefore, OSO does not concur with the portions applicable to OSO overseas employees.

25X1

2. Comments:

ILLEGIB

This office believes that a reconciliation of the conflicts between the proposed Administrative Instruction and present OSO compensation policy is necessary, since the one is based on the Employees Compensation Act and the other on Public Law 724 (Foreign Service Act) and the Confidential Funds Regulations. Utilizing the latter authority, OSO has, for operational security reasons, adopted a policy providing for payment of minor disease and injury compensation claims of field personnel from Confidential Funds. It is recommended that such claims continue to be handled in accordance with the current procedures. The Bureau of Employment Compensation "C.A." forms should, of course, continue to be collected for inclusion in personnel files and for subsequent reference.

[redacted]

25X1

AUG 29 1950

RESTRICTED

SECRET

24 May 1950

TO : Chief, SSS

FROM: Finance Division, SSS

SUBJ: Proposed Administrative Instruction covering Overseas Hospitalization

1. The Finance Division in general concurs with the attached draft of proposed Administrative Instruction on the subject of overseas hospitalization. However, we recommend clarification of the following points which we believe might facilitate the processing of accounts:

ILLEGIB

(a) It is assumed that the effective date of the Administrative Instruction will be on or about the date of issuance. Therefore technical compliance would not be required for outstanding cases

(b) It is our interpretation that where travel is involved, the individual will be in a duty status and will receive per diem while actually performing travel but will enter into a leave status and will not receive per diem from the date of arrival at the place of treatment until the commencement of travel on the return trip. We assume that a duty status which will provide for the payment of per diem will be resumed upon the commencement of such return travel.

(c) There is ample provision in the proposed Administrative Instruction for travel, if necessary, of the employee and attendant to a suitable place of treatment, however, it appears likely that in a number of cases, requests will be made for travel to and hospitalization in the U.S. which may or may not be the nearest point where there are generally acceptable hospital facilities. If this is a matter for final determination by the agency surgeon or the appropriate assistant director or both, it is also assumed that once such decision is made, the Finance Division would not be in a position to question possible additional expenses. Example: An employee stationed in the far east might be brought to Washington, D.C. for treatment whereas it would appear that Honolulu or San Francisco might have acceptable hospital facilities and if the travel had been only to one of those points, the expense to the Government would have been less. In such cases, there would appear to be no question unless equal or at least satisfactory and normally acceptable facilities existed at each point, since any question of appropriate facilities would appear to be solely for the determination by medical officials.

(d) In the event of properly authorized travel to and hospitalization in the U. S., it is our interpretation that employees otherwise eligible in accordance with paragraph 3

SECRET

SECRET

would be entitled to medical and hospital expenses in addition to travel expenses although similar services would not be available to departmental employees or others who do not qualify under paragraph 3.

2. It is recommended that the above points be considered prior to issuance of the Administrative Instruction.

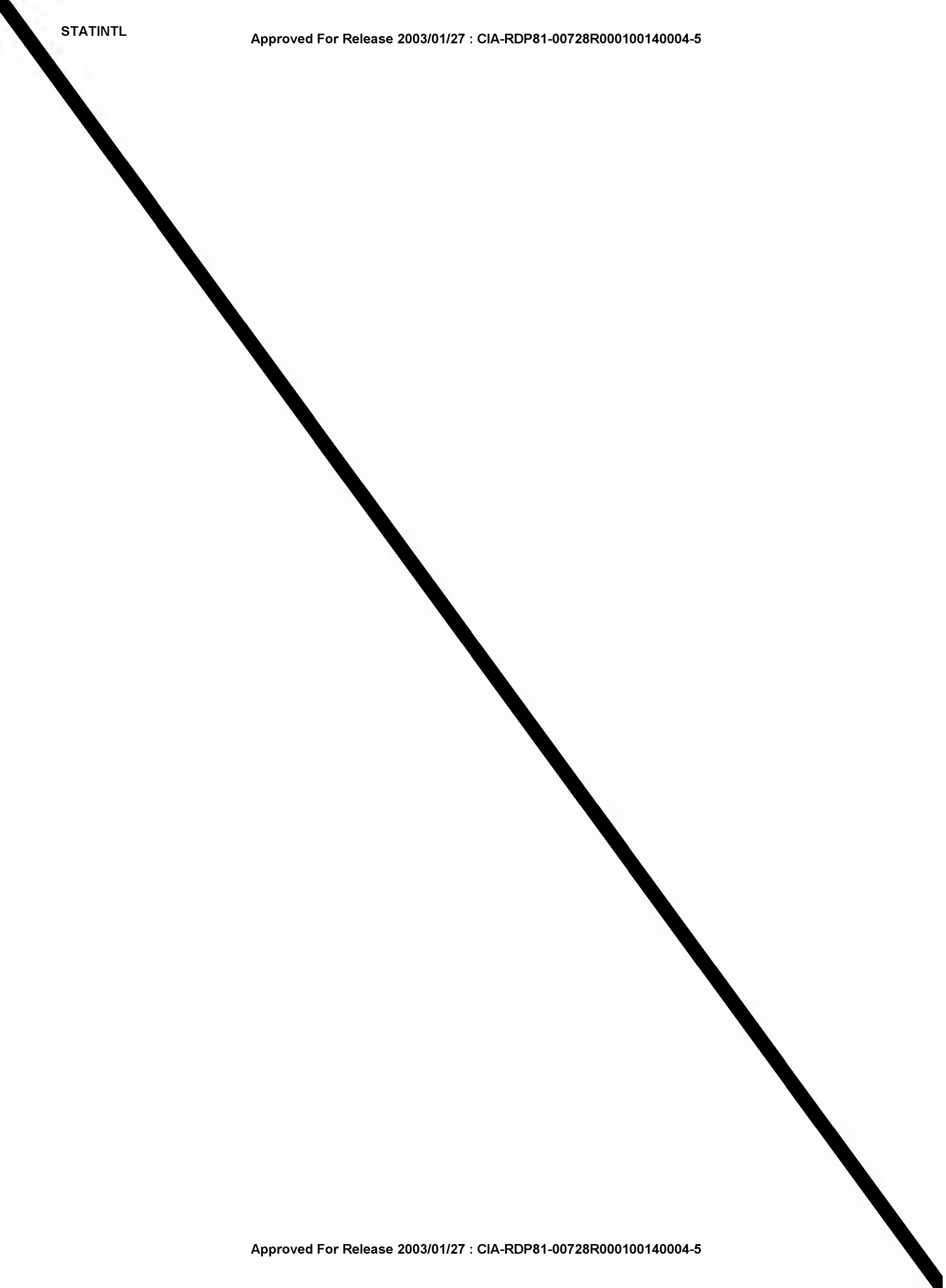
ILLEGIB

Deputy Chief, Finance Division

25X1A

Attachment

SECRET



RESTRICTED

24 May 1950

MEMORANDUM FOR: MANAGEMENT OFFICER

SUBJECT: Overseas Hospitalization

This Office concurs with the draft of Administrative Instruction re Overseas Hospitalization, dated 11 May 1950, with the understanding that these regulations do not necessarily apply to agent personnel.

[redacted]

25X1

Assistant Director
Special Operations

RESTRICTED

RESTRICTED

MEMORANDUM TO: Management Officer

DATE: 5/15/50

FROM: [redacted]

SUBJECT: Overseas Hospitalization

1. This office concurs with the draft of Administrative Instruction re Overseas Hospitalization, dated [redacted]

25X1

2. Comments: Concur

[redacted]

Signature

RESTRICTED

RESTRICTED

MEMORANDUM TO: Management Officer DATE: 19 May 1950

FROM: Chief, Inspection and Security Staff

SUBJECT: Overseas Hospitalization

1. This office concurs with the draft of Administrative Instruction re Overseas Hospitalization, dated 11 May 1950.

2. Comments: None

25X1

Signatur

SHEFFIELD EDWARDS
Colonel, GSC

RESTRICTED

MAY 23 1950

RESTRICTED

MEMORANDUM TO: Management Officer DATE: 19 May 1950

FROM: Legal Staff

SUBJECT: Overseas Hospitalization

1. This office concurs with the draft of Administrative Instruction re Overseas Hospitalization, dated 11 May 1950.

2. Comments:

In regard to paragraph 6a: Since the Agency Surgeon is intended to act as the screening agent for any claims which may possibly be submitted to the Bureau of Employees' Compensation, we suggest that emergency claims, which are subsequently submitted to the appropriate Assistant Director for approval, also be forwarded to the Agency Surgeon.

25X1

Signature

RESTRICTED

MAY 22 1950

RESTRICTED

MEMORANDUM TO: Management Officer DATE: 22 May 1950

FROM: Assistant Director for Operations

SUBJECT: Overseas Hospitalization

1. This office concurs with the draft of Administrative Instruction re Overseas Hospitalization, dated 11 May 1950.

2. Comments: It is suggested that the sentence "Provisions of this instruction do not apply to dependents," be added in the first paragraph.

[redacted]

Signature

25X1

RESTRICTED

MAY 22 1950

RESTRICTED

MEMORANDUM TO: Management Officer DATE: May 17 1950

FROM: Chief, COAPS

SUBJECT: Overseas Hospitalizati

1. This office concurs with the draft of Administrative Instruction re Overseas Hospitalization, dated 11 May 1950.

2. Comments:

[redacted]

Signature

25X1

RESTRICTED

MAY 19 1950

RESTRICTED

25X1

MEMORANDUM TO: Management Officer DATE: _____

FROM: [redacted]

SUBJECT: Overseas Hospitalization

1. This office concurs with the draft of Administrative Instruction re Overseas Hospitalization, dated 11 May 1950.

2. Comments:

25X1

[redacted]

_____
Signature

RESTRICTED

Next 1 Page(s) In Document Exempt

Approved For Release 2003/01/27 : CIA-RDP81-00728R000100140004-5

R-25095

SECRET
RESTRICTED

MEMORANDUM TO: Management Officer DATE: 6-9-50

FROM:

SUBJECT: Overseas Hospitalization

1. This office concurs with the draft of Administrative Instruction re Overseas Hospitalization, dated 11 May 1950.

2. Comments:

a. More specific terms should be used than the word "trivial" in paragraph 1 and "suitable" in paragraph 4b to eliminate questions of interpretation at a later date.

b. For clarity, the extent of eligibility, if any, of employee's dependents should be stated in paragraph 3.

c. In paragraph 4a the following should be added, "provided that the use of such facilities will not jeopardize the security of the employee." The addition of this phrase will, however, raise the classification of the document to secret.

D. Since the chief of the mission has authority to approve emergent cases (para 6a) and further, since the vast majority of hospitalization cases will probably be emergent, it seems logical to authorize the Chief to approve non-emergent cases, provided the criteria in paragraphs 2a,b, and 7 a, b and c are met. However, the reports should still be subject to the review of the Assistant Director and the Agency Surgeon prior to reimbursement.

e. Since payment of the doctor or medical facility is made by the employee, no security problem is involved. CIA merely reimburses the employee after treatment is paid for.

25X1A

Signature

SECRET
RESTRICTED

JUN 13 1950

RESTRICTED

MEMORANDUM TO: Management Officer DATE: 31 May 1950

FROM: Acting Budget Officer

SUBJECT: Overseas Hospitalization

1. This office concurs with the draft of Administrative Instruction re Overseas Hospitalization, dated 11 May 1950.

2. Comments:

Other comments made by interested officials apparently are adequate.

25X1

RESTRICTED

MAY 31 1950

RESTRICTED

MEMORANDUM TO: Management Officer DATE: 5-25-50

FROM: SSS

SUBJECT: Overseas Hospitalization

1. This office concurs with the draft of Administrative Instruction re Overseas Hospitalization, dated 11 May 1950.

2. Comments:

Comments of F.O attached
Also, how about covering employees who may be on T/D abroad?
(Legal prohibition against this) gem

The comments or concurrence of all three components of SSS are attached.

25X1

RESTRICTED

MAY 26 1950

STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

TO : Executive

DATE: 23 June 1950

FROM : Legal Staff

SUBJECT: Medical Treatment and Hospitalization. (Proposed Draft of Administrative Instruction No [redacted]

25X1

ILLEGIB

1. We have reviewed the draft of the proposed Administrative Instruction, and offer the following comments in answer to your request.

2. It is our understanding that at one time two separate instructions were under consideration and that these have now been consolidated in this draft. We concur in this treatment as the preferable approach, but we believe the instruction may be somewhat confusing in regard to the cognizable authority for payment. Such authority would be either the Bureau of Employees' Compensation, under the U. S. Employees Compensation Act of 1916, or this Agency, under P.L. 110. In general, there are two areas of coverage: that which we can loosely term "domestic," comprising the continental United States, its Territories and possessions, and the remainder of the world which we will call "overseas." The appropriate provisions of Section 5 of P.L. 110 apply only to overseas employees, although domestic employees could conceivably be covered by Section 10 (b) of P.L. 110, when security is a major consideration. On the other hand, the Compensation Act applies to all Federal employees, both domestic and overseas, so actually there is a small overlap of jurisdiction in both areas. In some cases overseas claims will be submitted to the Bureau, and in others, domestic claims may be accepted by the Agency. However, these situations will be the exceptions; and, while we believe they should be noted as such, we believe it would be simpler to administer the program if cognizance was first determined on a geographical basis.

3. Section I. may be intended to cover Bureau cases throughout the world, but there is no reference to overseas claims. The term "Field Office" connotes "domestic" rather than "foreign," and this seems to have been the intent behind the draft. In I.3.c., the employee is required to notify the nearest branch office of the Bureau of Employees' Compensation if a private facility is used. Since the Bureau maintains only three offices outside the continental U.S. (San Juan, Honolulu and Manila), it would not appear that the intention was to cover foreign stations. We believe Section I. would be clearer if it was entitled "Hospitalization Within the Continental United States, its Territories and Possessions." The necessity for handling within the Agency any claims arising in this area would be covered by the provision in I.5. By the same token, Section II. "Overseas etc.," does not cover those cases which could be submitted

JUL 10 1950

to, and are acceptable by the Bureau, (1) where the security consideration is not paramount, or (2) the disability is permanent and the employee's use to the Agency has ended.

4. In commenting on the broader aspects, Section II.2.a. may present difficulties in application. Assuming that Agency coverage will be broader than that of the Bureau but less comprehensive than that of the Foreign Service, "line of duty" necessarily requires some qualifying restriction. The paragraph, as originally drafted, did not include the parenthetical phrase "proximately caused by employment" and was more narrow than the interpretation given "line of duty" by the State Department. With the addition of the phrase, it becomes considerably more restrictive, and in some cases will provide coverage which is only a little beyond that afforded by the Bureau, depending upon the interpretation of "proximate cause." This phrase has been the subject of many varying legal definitions, a few of which are presented to demonstrate diversity in understanding: "That which, in a natural and continuous sequence, unbroken by any efficient intervening cause, produces the injury, and without which the result would not have occurred" - "That which is nearest in the order of responsible causation" - "That which stands next in causation to the effect, not necessarily in time or space but in causal relation." In interpretation, it has been said that "the causes that are merely incidental or instruments of a superior or controlling agency are not the proximate causes and the responsible ones, though they may be nearer in time to the result. It is only when the causes are independent of each other that the nearest is, of course, to be charged with the disaster." And "proximate cause" has been distinguished from "immediate cause": "The immediate cause is generally referred to in the law as the nearest cause in point of time and space, while an act or omission may be the proximate cause of an injury without being the immediate cause. Thus, where several causes are combined to produce an injury, the last intervening cause is commonly referred to as the immediate cause, although some other agency more remote in time or space, may, in cause or relation, be the nearer to the result, and thus be the proximate responsible cause." And there may be two or more "proximate causes," but only one "immediate cause." The determination then of what is the "proximate cause" would lie solely within the discrimination of the person making the decision as to whether or not the injury occurred in line of duty and the margin of variance could be very broad.

5. On specific points, we suggest the following:

ILLEGIB

a. In I.1., insert "/or" between the words "and" and "Public Law 110."

b. In I.2.a. the word "compensable" should be related to the Bureau of Employees' Compensation standards which control.

ILLEGIB

c. Under I.2.b., it would probably be more expeditious if the Forms C.A. 1 and 2 were submitted immediately by the field and held by the Personnel Office at Headquarters.

[redacted]

d. In I.3.a., the "duly qualified" physician should be that designated by the Bureau of Employees' Compensation wherever one is available, and we suggest deletion of the period at the end of the second sentence, with insertion of the words "provided that" which will precede the third sentence.

e. In I.4.a. on page 3, line 4, the words "or is followed by permanent disability" should be deleted and the following inserted, "it must be accompanied by an explanation for the delay." The period on line five should be deleted and the following words inserted: "except in cases where the disability exceeds 21 days or is permanent."

f. Under II.1., in line 3 following the words "en route to," insert the words "and from."

g. Under II.2.[illegible].(2) we believe the word "not" could be underlined for emphasis.

h. Under II.2.b.(2)(b), by inference this exclusion would seemto apply even to those "Spectacles, hearing aids or prosthesis" which are directly related to hospitalization under II. 2.b., and should either be deleted or qualified by the addition of the phrase "not directly related to 2.b.(1) above."

i. II.6., would appear to be clearer if the last sentence was deleted and the following phrase was inserted in the second sentence following the words "in the event of emergency": "which does not involve travel to the United States for treatment."

j. Under II.6.c.(2), we suggest the addition of the word "actual" between "statement of" and "cost" for purposes of emphasis.

k. In II.6.e., the word "expenses" should be deleted.

l. Under II.7.d.(5), we do not believe the concurrence required from the Chief of Mission adds any probative weight to the employee's certificate and it is an additional administrative burden.

[redacted]

25X1

1 June 1950

ADMINISTRATIVE INSTRUCTION
NO. [redacted]

25X1A

SUBJECT: Medical Care and Hospitalization for Injuries Sustained in Performance of Duty

Rescission: Administrative Instruction No. [redacted] dated 3 December 1946

25X1

~~1. General Provisions~~

1. All civilian employees of the Central Intelligence Agency who sustain an injury while in performance of duty are entitled to medical, surgical and hospital service at government expense in accordance with the provisions of the United States Employees' Compensation Act of September 7, 1916, as amended, and Public Law 110, 81st Congress.

~~2. Continental United States~~

2. Report of Injury

a. In the Washington Area, whenever any compensable injury is sustained by an employee, he must submit Form C.A. 1, Notice of Injury, to the ~~Nursing Section~~, Medical ~~Division~~ Staff. ~~The~~ This must be submitted within 48 hours, unless the Medical ~~Division~~ Staff already has actual knowledge of the disability. Every injury which is likely to result in any medical charge against the compensation fund, or in any disability for work beyond the day, shift, or turn of the occurrence, must be reported by the official superior on From C.A. 2, Report of Injury, to the [redacted] Medical ~~Division~~ Staff, for reference in case of a future claim.

25X1

X1

[redacted]

25X1

JUN 5 1950

25X1

[redacted] office chief
~~Administrative Officer~~. In these cases, the official superior will [redacted] ~~to the Administrative~~ ILLEGIB
[redacted] in case of future claim.

ILLEGIB

3. Treatment

a.~~(1)~~ All medical services, appliances, drugs, supplies, and transportation necessary for the treatment of injuries as defined above, shall be furnished by or upon the order of United States Medical Officers and hospitals. If these should not be immediately available, or if emergency treatment is required, any duly qualified physician may furnish necessary service. Further treatment must be obtained, ~~if necessary, by a~~ from a United States Medical Officer, if available.

b.~~(2)~~ In the Washington area, any employee who sustains an injury during ordinary working hours should report to the Medical ~~Division~~, Central Building, for necessary examination and treatment. In severe cases, a Medical Officer or Nurse may be summoned by calling extension [redacted] ~~Ambulance service will be obtained as prescribed by Administrative Instruction~~ [redacted]. During hours other than 0830 to 1700 or on Saturdays and Sundays, treatment may be obtained at Providence Hospital, 2nd and D Street, S.E., TRinidad 2000. In such cases the patient must present a completed Form C.A. 16, copies of which may be obtained from PBA guards.

25X1

25X1A

[redacted]

25X1A

treatment at the nearest U.S. Government facility available, ~~and~~ if a private facility is used, the employee will immediately notify the ~~local~~ branch office of the Bureau of Employees' Compensation.

4. Claims for Compensation

a.~~(1)~~ Where an employee incurs expense for medical services or supplies (which are not furnished by U.S.

Government facility), or where he wishes to claim compensation for loss of pay, Form C.A. 4, must be submitted by the employee or by someone on his behalf, together with Forms C.A. 1 and 2, to the Bureau of Employees' Compensation or its branch office. If such claim is not made within 60 days or is followed by permenant disability, the employee is not entitled to compensation for loss of pay for the first three days. If the employee so elects, annual or sick leave may be utilized and compensation will then become effective when such leave has ceased.

(2) In an injury resulting in death, the official superior shall immediately refer the matter to the ~~Office of General Counsel~~. Legal Staff

5. Security Considerations

(S) Wherever any of the foregoing provisions would possibly endanger the maintenance of security, the case should be immediatley referred to the ~~Office~~ Legal Staff ~~of General Counsel~~, by the official superior. ~~with appropriate classification of pertinent data.~~

3. Overseas

a.

(See attached).

RESTRICTED

Coordination Page:

MEMORANDUM TO: Management Officer DATE: 22 Aug 50

FROM: Chief, Med. Staff

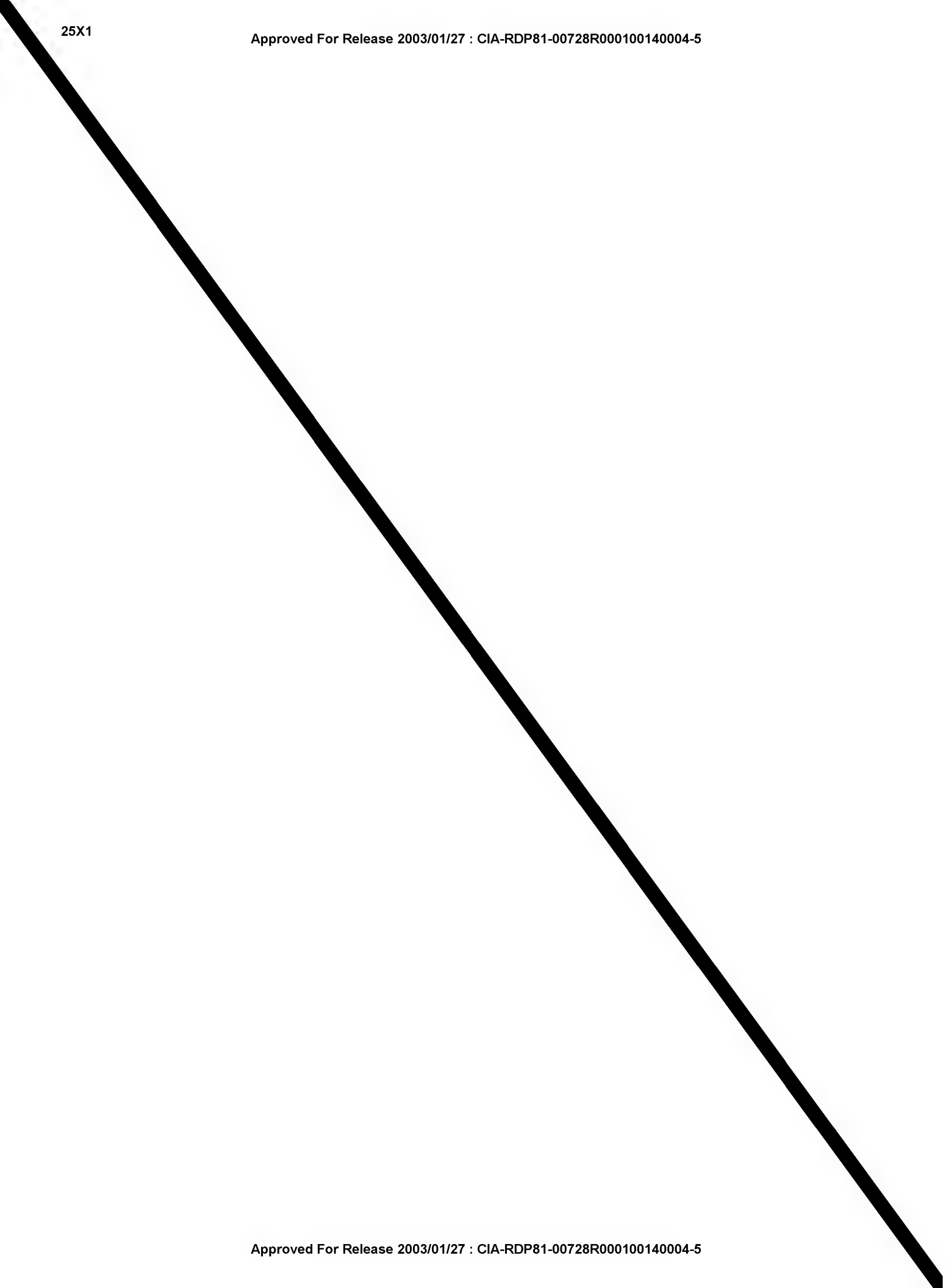
SUBJECT: Draft of Proposed Administrative Instruction.

1. This office concurs with the draft of Administrative Instruction re Medical Treatment and Processing of Employee Compensation Claims, dated 21 August 1950.

2. Comments:

Concur

25X1



Approved For Release 2003/01/27 : CIA-RDP81-00728R000100140004-5

RESTRICTED

Coordination Page:

MEMORANDUM TO: Management Officer DATE: 31 August 1950

FROM: Assistant Director, OSI

SUBJECT: Draft of Proposed Administrative Instruction.

1. This office concurs with the draft of Administrative Instruction re Medical Treatment and Processing of Employee Compensation Claims, dated 21 August 1950.

2. Comments:

25X1

Signature H. MARSHALL CHADWELL

SEP 1 1950

422691

RESTRICTED

Coordination Page:

MEMORANDUM TO: Management Officer DATE: 30 August 1950

FROM: Assistant Director, Reports and Estimates

SUBJECT: Draft of Proposed Administrative Instruction.

1. This office concurs with the draft of Administrative Instruction re Medical Treatment and Processing of Employee Compensation Claims, dated 21 August 1950.

2. Comments:

None

25X1

AUG 31 1950

25X1A

STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

[redacted]

TO : Management Officer

DATE: 22 August 1950

FROM : Advisory Council

SUBJECT: Draft of Proposed Administrative Instruction.

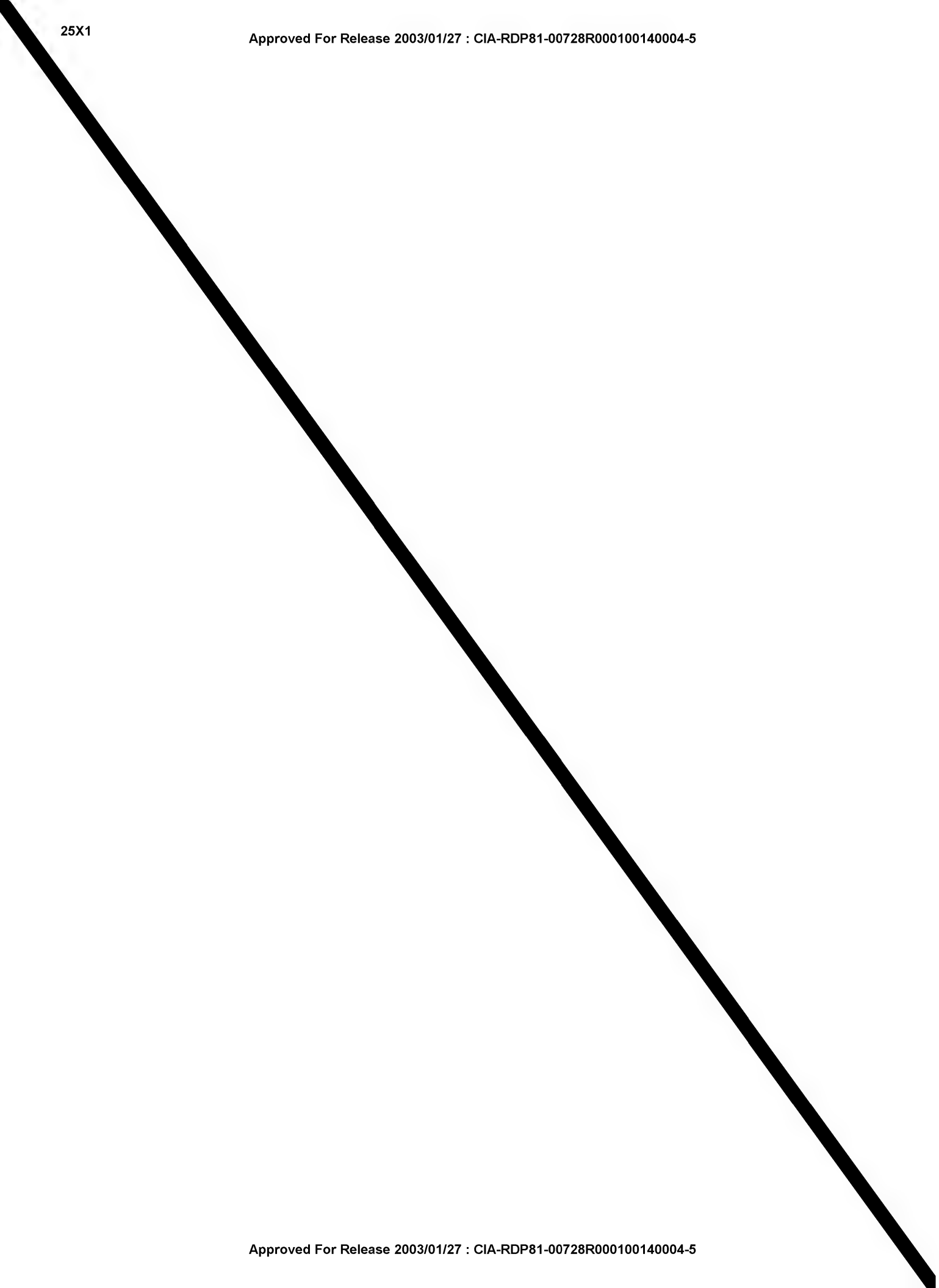
1. This office concurs with the draft of Administrative Instruction re Medical Treatment and Processing of Employee Compensation Claims, dated 21 August 1950.

[redacted]

25X1A

Captain, USN
Chief, Advisory Council

AUG 22 1950



Approved For Release 2003/01/27 : CIA-RDP81-00728R000100140004-5

RESTRICTED

Coordination Page:

MEMORANDUM TO: Management Officer DATE: 8/16/50

FROM:

SUBJECT: Draft of Proposed Administrative Instruction.

1. This office concurs with the draft of Administrative Instruction re Medical Treatment and Processing of Employee Compensation Claims, dated 21 August 1950.

2. Comments:

See attached comments

25X1

MEMORANDUM TO: MANAGEMENT OFFICER

FROM: DEPUTY PERSONNEL DIRECTOR

SUBJECT: PROPOSED ADMINISTRATIVE INSTRUCTION RE MEDICAL TREATMENT AND PROCESSING OF EMPLOYEE COMPENSATION CLAIMS

1. Draft of proposed Administrative Instruction described above has been reviewed and the following comments are offered.

Section 1:

General policy statement should be clarified by including at least a broad definition of "medical services" (i.e., are hospitalization benefits contemplated and, if so, what type: private room, ward, etc?) and by specifying whether "furnished" may be construed to mean without expense to the employee or at the expense of the employee. Suggest inclusion of definition of "medical services" in Section 2 and revision of general policy statement to read "...will be furnished employee of this Agency who incur injury or disease in line of duty at no expense to the employee."

Section 2:

Suggest inclusion of definition of "medical services" as above and revision of section to offer definition in same sequence as terms are introduced in policy statement "i.e., a. medical services; b. employees; c. in line of duty.

Section 2a as written implies compulsive consideration of injuries or diseases caused by area and nature of assignment as incurred "in line of duty". It is proposed that this sentence be revised to state "...may be

considered "in order to permit exercise of administrative discretion in determining whether the facts in each case warrant coverage by the provisions of the proposed Instruction.

Section 2b should be amended to read "...as they are designated by the Employees Compensation Act of 1916 as amended."

Section 3:

As stated, it would appear that Form CA-16 is required only when treatment is to be obtained at Providence Hospital. CFR (Title 20, section 2.3) prescribes use of Form CA-16 or CA-17 for authorizing treatment by any United States Medical Officer or hospital or by a designated private physician.

Section 3b is of little use as a procedural reference for responsible officials of [redacted] field offices. It would seem that at least general procedures required by applicable laws and regulations relating to authorization of treatment and reports thereof should be furnished for the guidance of these officials.

25X1A

Section 3c fails to inform responsible officials as to authorizing and reporting procedures.

Section 4:

Section 4a reports procedures applicable in injury cases but does not specify what action is required in the event of "disease". It is suggested that this section be amended to read "injury or disease" where-ever appropriate.

Section 4a(2) "...not later than one year" of onset of injury or disease.

Section 4b (1) "Such claims must be made within 60 days "...of what date?

Section 4c(3) states that "survivors of employees...are authorized to submit Form CA-5..." but makes no provision for advising survivors of their rights in this regard.

2. Generally, the proposed Instruction would not seem to serve as a guide for supervisory personnel nor does it give complete coverage of all legal bases for actions taken in regard to injury or disease incurred in line of duty. It is realized that re-statement of all provisions of applicable laws and regulations would not be practicable. It is suggested therefore that consideration be given to re-drafting the Instruction to state specifically the responsibility of the supervisor and the action to be taken by him in the event of injury or disease incurred by employees and to provide for accomplishment of all necessary legal requirements relating to formal authorization of treatment, reports to the Bureau, advise to employees and survivors as to rights and obligations, etc. by the Medical Staff, CIA. The latter requirement could be satisfied by a paragraph requiring processing by the Medical Staff in accordance with regulations prescribed in Title 20, Code of Federal Regulations, and citation of other applicable statistics.

25X1

STANDARD FORM NO. 64

RESTRICTED

Office Memorandum • UNITED STATES

[redacted]

TO : Management Officer

DATE: 6 September 1950

FROM : Budget Officer

SUBJECT: Draft of Proposed Administrative Instruction re Medical Treatment and Processing of Employee Compensation Claims

It is suggested that paragraph 2 (b) relative to your definition for "employees" be clarified inasmuch as only full-time officials and employees are entitled to the benefits of the pertinent provisions of Public Law 110 and such full-time officials and employees must be outside the continental United States, its territories and possessions. The benefits under the Employee Compensation Act of 1916 should, it is believed, be more clearly distinguished as compared with those which may be received under Public Law 110. The heading for paragraph 3 (c) should indicate that "overseas missions" are those outside the continental United States, its territories and possessions.

25X1

[redacted]

E. R. SAUNDERS

RESTRICTED

SEP 6 1950

RESTRICTED

Coordination Page:

MEMORANDUM TO: Management Officer DATE: _____

FROM: _____

SUBJECT: Draft of Proposed Administrative Instruction.

1. This office concurs with the draft of Administrative Instruction re Medical Treatment and Processing of Employee Compensation Claims, dated 21 August 1950.

2. Comments:

SEE ATTACHED MEMO

_____
Signature

Coordination Page:

MEMORANDUM TO: Management Officer DATE: 29 August 1950.

FROM: Chief, Inspection and Security Staff

SUBJECT: Draft of Proposed Administrative Instruction.

1. This office concurs with the draft of Administrative Instruction re Medical Treatment and Processing of Employee Compensation Claims, dated 21 August 1950.

2. Comments: NONE. However, it is understood that this A.I. does not require those employees who cannot disclose their CIA connection to obtain treatment from governmental facilities.

Signature SHEFFIELD EDWARDS
Colonel, GSC

RESTRICTED

Coordination Page:

MEMORANDUM TO: Management Officer DATE: 1 Sept 1950

FROM: Chief Admin Staff

SUBJECT: Draft of Proposed Administrative Instruction.

1. This office concurs with the draft of Administrative Instruction re Medical Treatment and Processing of Employee Compensation Claims, dated 21 August 1950.

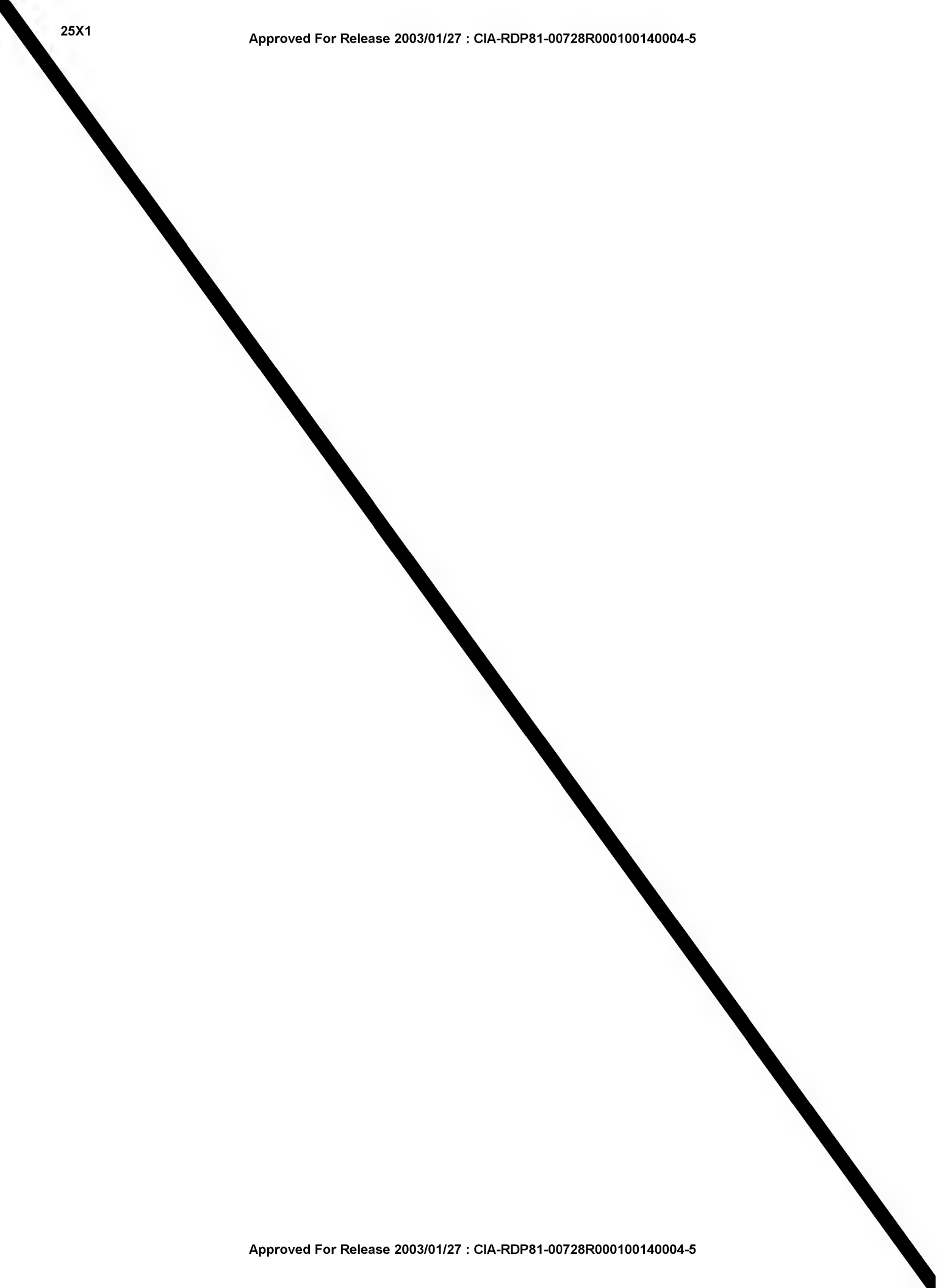
2. Comments: See Comments on Draft

25X1

Signature

SEP 1 1950

RESTRICTED



Approved For Release 2003/01/27 : CIA-RDP81-00728R000100140004-5

RESTRICTED

Coordination Page:

MEMORANDUM TO: Management Officer DATE: 30 August 50.

FROM: Legal Staff

SUBJECT: Draft of Proposed Administrative Instruction.

1. This office does not concur with the draft of Administrative Instruction re Medical Treatment and Processing of Employee Compensation Claims, dated 21 August 1950.

2. Comments:

See attached.

[redacted]
Signature

25X1

SEP 1 1950

In regard to paragraph 2.a., this office has already indicated that the phrase "proximate cause" is not readily definable in practice and will be difficult to administer. We assume that this has been recognized and accepted in the present draft.

25X1C

[redacted]

In general, we do not believe the instruction in its present form is a clear statement of policy and it will certainly lead to considerable confusion in view of the contradiction of present practices which remain in force.

25X1A

[redacted]

30 August 1950

RESTRICTED

MEMORANDUM TO: Management Officer DATE: AUG 29 1950

SUBJECT: Drafts of Proposed Administrative Instruction

REFERENCES: (a) Draft "Medical Treatment and Processing of Employee Claims" dated 21 August 50

(b) Draft "Overseas Hospitalization" dated 11 May 50

1. The proposed issuance, reference a, is sufficiently parallel to the proposed Administrative Instruction from your office, reference b, to permit the assumption that "a" is intended to supersede "b" since both are concerned with illness and injury incurred in the line of duty.

yes — Tel notified 31 Aug pm

2. It is recommended that a subparagraph, 3c (2) (b), be added to provide the employee with station funds for such authorized expenses as may be incurred, and that a statement of the amount of such funds so provided be made in the report to headquarters.

3. The forms mentioned in the procedures cannot be used at overseas stations for security reasons, since it is obvious that the U. S. Government is involved. Therefore in case of injury to an employee overseas it will be necessary to furnish Headquarters with the information in a manner as outlined in paragraph 6b of reference b. Similarly, "Report of Death" or "Claim for Compensation on Account of Death" will have to be submitted initially through the station in memorandum form.

4. This office concurs with the proposed draft of reference a, with the exception of the items covered in paragraphs 2 and 3 above.

25X1

OPC, Chief, Staff III

Encl: 1
Memo to ADPC

RESTRICTED

RESTRICTED

Coordination Page:

24 August 1950

MEMORANDUM TO: Management Officer

FROM: Finance Division, SSS

SUBJECT: Draft of Proposed Administrative Instruction

1. This office concurs with the draft of Administrative Instruction re Medical Treatment and Processing of Employee Compensation Claims, dated 21 August 1950, with the qualifications noted on the comments below.

2. Comments:

a. Paragraph 2 "Definitions" appears to be broader than the definition of "in line of duty" in Section 5, 5(c) of Public Law 110. Suggest review by General Counsel to be sure that payments can be legally made in accordance with definition as given in Paragraph 2.

b. Suggest that there be added a Paragraph 3.c(2)b stating that "Payments made by the Station Chief for travel, medical attendants, or medical treatment should be taken up as an advance to the employee concerned and transferred to Headquarters together with the appropriate receipts and claims for final settlement". This provision appears necessary to enable compliance with Paragraph 5 which requires processing of claims through the Medical Staff and Personnel Director.

[redacted]

25X1

Finance Division

RESTRICTED

AUG 29 1950

15 September 1950

MEMORANDUM FOR: Budget Officer
Chief, Special Support Staff
Assistant Director for Special Operations
Assistant Director for Policy Coordination

SUBJECT: Re-draft of Proposed Administrative Instruction re Medical Treatment and Processing of Employee Compensation Claims.

1. Attached is re-draft of a proposed Administrative Instruction regarding medical treatment and processing employee compensation claims, circulated on 11 May 1950 and a second time on 21 August 1950. Comments received have been incorporated in the present draft to the extent believed desirable.

2. A coordination meeting will be held at 1330 hours on 22 September 1950 in the first floor Conference Room, Administration Building.

3. It is requested that a representative of your office authorized to take final action on this Instruction be in attendance at this meeting. It is further requested that the representative from your office be prepared to discuss the conflict between this draft and [redacted] of the Confidential Funds Regulations.

25X1A

25X1A [redacted]
Management Officer

1 Attach.
Draft

Subj. file
Chrono

SEP 15 1950

MEMORANDUM FOR: Chief, Medical Staff
Personnel Director
Chief, Legal Staff
Chief, Administrative Staff
Assistant Director for Operations

SUBJECT: Re-draft of Proposed Administrative Instruction re Medical Treatment and Processing Employee Compensation Claims.

1. Attached is a re-draft of a proposed Administrative Instruction regarding medical treatment and processing employee compensation claims, circulated on 11 May 1950 and a second time on 21 August 1950. Comments received have been incorporated in the present draft to the extent believed desirable.

2. A coordination meeting to discuss the attached draft will be held at 1330 hours, 22 September 1940, in the first floor Conference Room, Administration Building.

3. It is requested that a representative of your office authorized to take final action on this Instruction be in attendance at this meeting.

[redacted]
Management Officer

25X1A

1 Attach.
Draft

Subj. file
Chrono

This is being sent out with a covering memo requesting attendance at a meeting on 22 Sept at 1330 in ad [redacted]

CONFIDENTIAL

25X1A

CENTRAL INTELLIGENCE AGENCY
Washington, D. C.

DRAFT

ADMINISTRATIVE INSTRUCTION NO. [redacted]

15 September 1950

25X1A

SUBJECT: Medical Treatment and Processing of Employee Compensation Claims.

1. General Policy

Each employee of the Central Intelligence Agency who sustains injury or illness in the line of duty is entitled to medical, surgical and hospital treatment at government expense in accordance with the provisions of the Employee Compensation Act of 1916, as amended, and/or Public Law 110, 81st Congress, as set forth in this Instruction.

2. Application

a. The provisions of the Employee Compensation Act of 1916, as amended, may be applied in the case of any employee paid from funds appropriated to the Agency who incurs injury or illness in the performance of duty, not the result of vicious habits, intemperance or misconduct on his part.

b. The provisions of Public Law 110, 81st Congress, may be applied in the case of any employee who is a U.S. citizen or a foreign national serving outside his country of domicile assigned to or while enroute to or from a permanent duty station outside the continental United States, its Territories or possessions, who incurs injury or illness in the performance of duty, not the result of vicious habits, intemperance or misconduct on his part.

3. Treatment

a. Washington Area

(1) Employees requiring treatment during regular working hours (0830 hours to 1700 hours, Monday through Friday) should report to the Medical Staff, Central Building. In severe cases, a medical officer or nurse may be summoned by calling the Medical Staff.

(2) During hours other than the normal working hours Monday through Friday or on holidays or in acute emergencies medical treatment may be obtained at Providence Hospital, 2nd and D Streets, S.E., TRinidad 2000. The patient or his attendant must present a completed Form C.A. 16 at the time of admittance. The form may be obtained from PBS guards at any Agency building.

DRAFT

b. [redacted] Overseas Missions 25X1A

(1) Employees should obtain medical treatment from the nearest U.S. Government facility available. In the absence of a U.S. Government facility, the nearest suitable private facility may be used.

(2) A completed Form C.A. 16 must be presented by the patient or his attendant to the facility used unless security considerations preclude the use of the form.

(3) Prior approval of the Personnel Director is required in all cases involving travel from overseas missions to the United States for treatment.

4. Reporting and Claim Procedure

a. Report of injury or illness will be submitted through the appropriate Assistant Director or Staff Chief to the Chief, Medical Staff, on Forms C.A. 1 and C.A. 2, or by memorandum containing the same information within 48 hours of onset of injury or illness. For reasonable cause the report may be delayed beyond 48 hours, but not later than one year.

b. Claims for reimbursement or payment for medical services and supplies or compensation for loss of pay must be submitted on Form C.A. 4 or by memorandum containing the same information. Claims must be submitted within 60 days from the onset of the injury or illness, through the appropriate Assistant Director or Staff Chief and the Chief, Medical Staff, to the Personnel Director. All claims must be accompanied by necessary supporting documents such as itemized bills or receipts and attending physician's statements.

c. Claims for travel will be submitted on Standard Form No. 1012.

d. Employees are not intitled to compensation for loss of pay for the first three days unless the disability exceeds 21 days. If the employee elects, annual or sick leave may be utilized and compensation will then become effective upon termination of leave.

5. Death of Employees

a. The death of an employee resulting from injury or illness will be reported immediately to the Personnel Director through the appropriate Assistant Director or Staff Chief by the most expeditious means available.

b. Survivors of employees who die as the result of injury or illness incurred in line of duty are authorized to submit Form C.A. 5, Claim for Compensation on Account of Death.

DRAFT

6. Processing of Claims

a. The Personnel Director will review each claim and determine whether it is to be processed under the provisions of the Employee Compensation Act of 1916, as amended, or Public Law 110, 81st Congress.

b. Claims which it is determined are to be processed under the provisions of the Employee Compensation Act will be forwarded to the Bureau of Employees' Compensation, on a classified or unclassified basis as the situation warrants, for final action.

c. Claims which it is determined are to be processed under the provisions of Public Law 110 will be administratively approved or disapproved by the Personnel Director and forwarded as follows:

(1) Approved claims will be forwarded to the appropriate Agency fiscal division for payment in accordance with Bureau of Employees' Compensation standards.

(2) Disapproved claims will be forwarded to the appropriate fiscal division for notification to the claimant and file.

7. Leave

Absence from duty due to injury or illness covered by the provisions of this Instruction will be accounted for by charge against sick leave, annual leave, or leave without pay.

Director of Central Intelligence

DISTRIBUTION:

25X1A
25X1A

[redacted] DRAFT - November [redacted]

CONFIDENTIAL

ADMINISTRATIVE INSTRUCTION NO. [redacted]

Date: 7 Nov 49

Executive Registry
9-1362

25X1A

SUBJECT: Immunization of Employees and Dependents.

25X1A

RESCISSION: Administrative Instruction No. [redacted] dated 28 October 1949, all copies of which will be destroyed.

1. In order to insure the proper immunization of overseas appointees and their dependents, and to safeguard the security requirements of the Agency, it is the policy to effect all possible immunizations of both employees and their dependents in the Medical Division, Administrative Staff.

2. These immunizations will be given by the Medical Staff during overseas processing or training for all employees and their dependents who report to the Washington office prior to departure for overseas station. For those employees and their dependents who do not report to Washington prior to such travel, it will be incumbent upon the Assistant Director or Staff Chief concerned to insure that all medical requirements as prescribed by the CIA Surgeon are met prior to final clearance for overseas departure.

3. In those cases where private physicians must be utilized, the employee may be reimbursed for the cost of his immunization; however, reimbursement for cost of immunization of dependents is not authorized.

FOR THE DIRECTOR OF CENTRAL INTELLIGENCE:

[redacted]
Captain, USN
Executive

25X1A

DISTRIBUTION: A

CONFIDENTIAL

Next 6 Page(s) In Document Exempt

Approved For Release 2003/01/27 : CIA-RDP81-00728R000100140004-5

SECRET

ERO-642)

23 September 1949

MEMORANDUM FOR: THE EXECUTIVE

SUBJECT: Immunization of Dependents

1. Attached is the correspondence regarding immunization of dependents which was referred to OPC for comment 20 September 1949.

2. Dependents of OPC employees assigned to field duty are processed in the same manner as outlined in the attached memorandum from the Assistant Director, Special Operations. The employee is instructed by OPC as to the cover applicable to his family and the medical processing which they require. If dependents are in the Washington area, the CIA Dispensary has been cooperating in such processing. If they are outside the Washington area, they are immunized by private physicians, according to instructions relayed through the employee.

3. OPC strongly concurs in the recommendations made by Captain John R. Tietjen and urges approval of the proposals contained in his memorandum of 7 June 1949.

[redacted]

Chief of Support, OPC

25X1A

Attachment

SECRET

STANDARD FORM NO. 64

[redacted] 25X1

Office Memorandum • UNITED STATES GOVERNMENT

TO : General Counsel: Administration Building DATE: 15 July 1949

FROM : Administrative Officer, Medical Division

SUBJECT: "Release Form"

1. For reasons of security the dependent families of overseas personnel are offered proper immunizations for travel, and the immunizations are accomplished by this division.

2. In view of the always tentative dangers of immunization, it is felt that a proper "Release" form be accomplished by such individuals prior to the initiation of the schedule of immunizations.

3. In order to safeguard the interests of the agency it is requested that a proper "Release" form be drawn, which we will have printed and will utilize.

[redacted] 25X1A

25X1

STA. WRD FORM NO. 64

CONFIDENTIAL

Executive Registry
0-4923

Office Memorandum • UNITED STATES GOVERNMENT

TO : Personnel Officer

DATE: 7 June 1949

FROM : Medical Officer

SUBJECT: Immunization of Dependents

1. It is recommended that for purposes of security and efficiency the Medical Division be authorized to provide immunization for dependents of OSO and OPC personnel scheduled for overseas assignment.

2. It is further recommended that the above provisions be extended to apply to dependents of [redacted] personnel and occasional isolated cases of CIA personnel scheduled for overseas assignment. The cost to CIA for fully immunizing an adult individual inclusive of Smallpox, Typhus, Plague, Cholera, Yellow Fever, Typhoid, and Tetanus is approximately $4.79, inclusive of overhead. The number of dependent cases, exclusive of OSO and OPC, per year is very few. The cost of such service by private medicine is quite expensive. It appears that this is a service the organization could well afford to provide.

STATSPEC

3. Approval of recommendations 1 and 2 would serve to establish one simple policy of providing immunization to dependents of any or all CIA personnel when such personnel are scheduled for overseas assignment and when the nature of assignment is such that it is to the best interests of the Agency that dependents accompany the employee.

25X1A

[redacted]

JOHN R. TIETJEN, M. D.

Deputy Executive

Recommend approval

25X1A

[redacted]

6/7/49.

CONFIDENTIAL

CONFIDENTIAL

O-4923

Personnel Officer

7 June 1949

Medical Officer

Immunization of Dependents

1. It is recommended that for purposes of security and efficiency the Medical Division be authorized to provide immunization for dependents of OSO and OPC personnel scheduled for overseas assignment.

2. It is further recommended that the above provisions be extended to apply to dependents of [redacted] personnel and occasional isolated cases of CIA personnel scheduled for overseas assignment. The cost to CIA for fully immunizing an adult individual inclusive of Smallpox, Typhus, Plague, Cholera, Yellow Fever, Typhoid, and Tetanus is approximately $4.79, inclusive of overhead. The number of dependent cases, exclusive of OSC and OPC, per year is very few. The cost of such service by private medicine is quite expensive. It appears that this is a service the organization could well afford to provide.

STATSPEC

3. Approval of recommendations 1 and 2 would serve to establish one simple policy of providing immunization to dependents of any or all CIA personnel when such personnel are scheduled for overseas assignment and when the nature of assignment is such that it is to the best interests of the Agency that dependents accompany the employee.

[redacted]

25X1A

JOHN R. TIETJEN, M. D.

ER O-4923. Sent to ADSO, ADPC, I&S, Executive on 9 Sept.

If security is a primary factor in this matter, how do we handle cases of dependents who do not depart from the Washington area.

Left 21

General Counsel: Administration Building 15 July 1949

Administrative Officer, Medical Division

"Release Form"

1. For reasons of security the dependent families of overseas personnel are offered proper immunizations for travel, and the immunizations are accomplished by this division.

2. In view of the always tentative dangers of immunization, it is felt that a proper "Release" form be accomplished by such individuals prior to the initiation of the schedule of immunizations.

3. In order to safeguard the interests of the agency it is requested that a proper "Release" form be drawn, which we will have printed and will utilize.

[redacted]

25X1A

SECRET

[redacted] 25X1

13 September 1949

MEMORANDUM FOR THE EXECUTIVE, CIA:

Subject: Immunization of Dependents.

1. Reference is made to the memorandum from John R. Tietjen, Medical Officer, to the Personnel Officer, subject as above, dated 7 June 1949, and to your note to the Routing Sheet asking for comment on the following question: "If security is a primary factor in this matter, how do we handle cases of dependents who do not depart from the Washington area?"

2. In the latter case, whether semi-covert or covert, this Office, through the appropriate Foreign Branch, instructs the employee as to the type of immunization required by his dependents and the cover story, if any, that will be used with his local physician. If advice from the medical point of view is necessary incident to these matters, it is obtained from the Medical Officer, CIA.

[redacted] 25X1A
Assistant Director
Special Operations

Concur d+s

25X1A [redacted]

SECRET

SECRET

[redacted] 25X1

Executive Registry
C-6421

13 September 1949

MEMORANDUM FOR THE EXECUTIVE, CIA:

Subject: Immunization of Dependents.

1. Reference is made to the memorandum from John R. Tietjen, Medical Officer, to the Personnel Officer, subject as above, dated 7 June 1949, and to your note on the Routing Sheet asking for comment on the following question: "If security is a primary factor in this matter, how do we handle cases of dependents who do not depart from the Washington area?"

2. In the latter case, whether semi-covert or covert, this Office, through the appropriate Foreign Branch, instructs the employee as to the type of immunization required by his dependents and the cover story, if any, that will be used with his local physician. If advice from the medical point of view is necessary incident to these matters, it is obtained from the Medical Officer, CIA.

[redacted] 25X1A

Assistant Director
Special Operations

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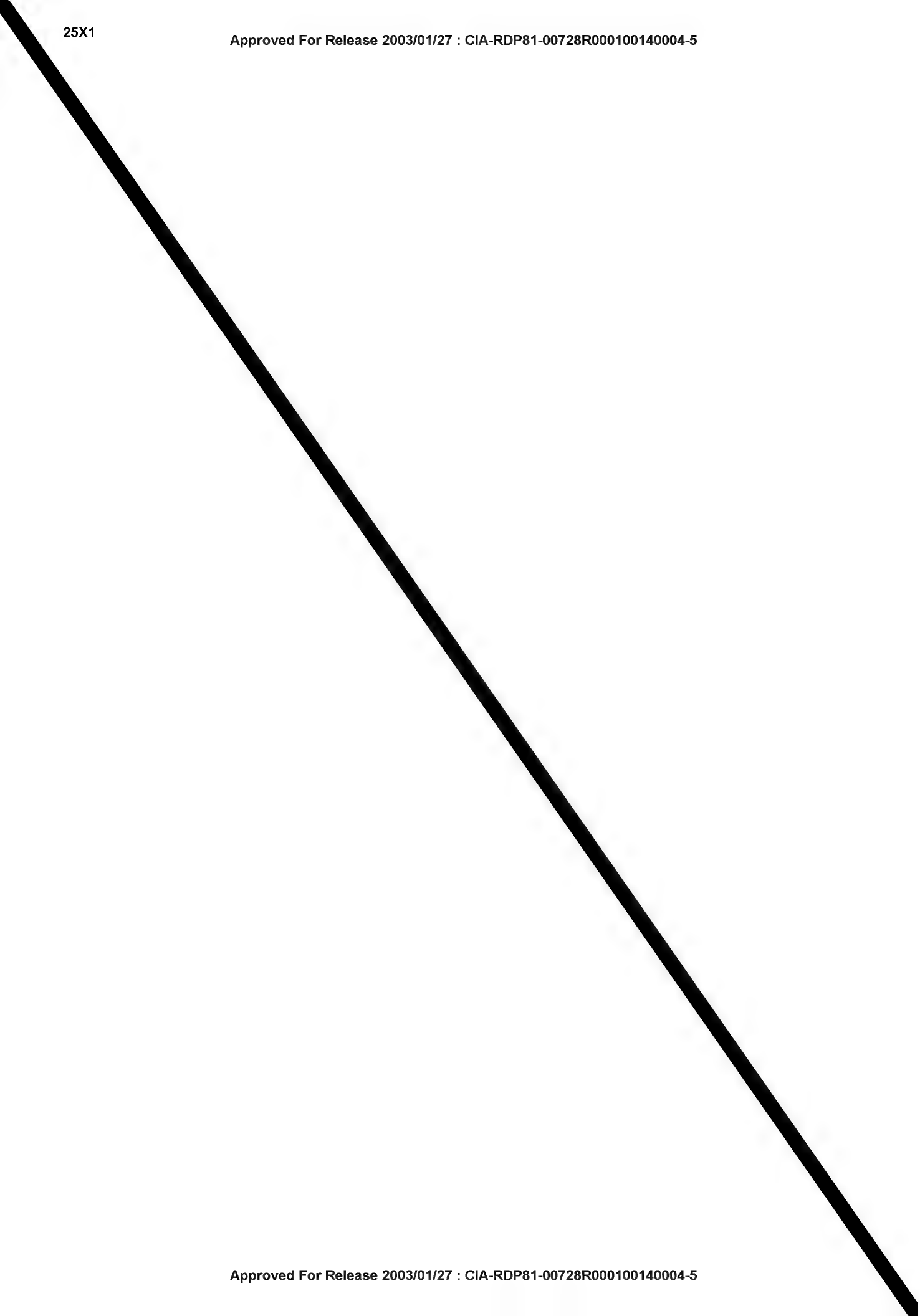

Approved For Release 2003/01/27 : CIA-RDP81-00728R000100140004-5

SECRET

CENTRAL INTELLIGENCE AGENCY
Washington, D. C.

8 January 1950

ADMINISTRATIVE INSTRUCTION
NO. [redacted]

25X1A
25X1A

SUBJECT: Medical Supplies and Equipment

REFERENCE: Public Law No. 658 and Public Law No. 110

1. This Instruction establishes policies and procedures governing the procurement, issuance, use and accountability of medical supplies and equipment.

2. General Policy

a. First-aid equipment and medical supplies peculiar to the needs of an assignment will be issued each employee of this Agency prior to overseas assignment in sufficient quantity to assure satisfactory medical adjustment to a given assignment for a period of at least 90 days.

b. A stock of first-aid equipment and medical supplies peculiar to the medical needs of an area as differentiated from the requirements in the United States will be issued each overseas post or station when equivalent supplies are not provided without reimbursement by any other governmental authority.

c. Ordinary pharmaceuticals, certain drugs for specific illnesses for employees and medical supplies for dependents will not be issued.

3. Issuance And Use Procedures

a. For the purposes of simplification, medical supplies and equipment will be divided into the following basic categories:

Class I — First-aid Equipment and Simple Pharmaceuticals.

Class II — General Medical Supplies.

Class III — Medical Supplies Peculiar to Disease Areas.

Class IV — Supplementary Medical Supplies for Isolated Posts.

b. Class I and Class II Supplies will be subject to general issuance while Class III and Class IV will be issued only on the basis of specific need.

c. The Medical Division will establish and maintain approved medical supply lists in accordance with the above policy. Appropriate instructions concerning dispensing and use will accompany such lists.

SECRET

4. Storage

a. A central stock of medical supplies and equipment will be maintained in the medical supply account.

b. Medical supplies and equipment will be maintained at a post or station under the care of the Station Chief. When security does not permit the maintenance of a central stock, supplies and equipment will be stored according to the discretion of the Station Chief.

c. Supplies issued to individuals prior to overseas assignment will be reserved for personal use after arrival at destination. At that time such supplies with the exception of Class I will be stored in accordance with the provisions of Paragraph b. above. Class I Supplies will be retained in the personal possession of the employee.

5. Procurement

a. Medical supplies and equipment for stock account and issuance purposes will be procured only on requisition by the Medical Division.

b. Individual medical supplies will be obtained by direct issue from the Medical Division prior to overseas assignment.

c. Overseas posts and stations will procure necessary supplies from the Medical Division, Administrative Staff. Requisitions for medical supplies will originate with the Station Chiefs and forwarded through existing channels to the Medical Division for approval.

6. Initial Requisitions

a. Station Chiefs will determine the need for medical supplies. The initial requisitions will be according to Class rather than item and will identify the geographical area concerned and the number of employees to be served. Additional pertinent information will accompany requisitions when Class IV Supplies are requisitioned.

7. Resupply

a. Resupply will be by requisition on a quarterly basis by required items.

b. In cases of epidemic when the health of employees is dndangered, Station Chiefs will immediately forward such information through established channels to the Medical Division so that proper instructions and supplies may be issued exclusive of regular supply procedures.

8. Special Procurement

a. In those areas where ordinary pharmaceuticals and special drugs for specific illnesses for employees, and medical supplies for dependents are unavailable or are of inferior quality or exorbitant cost, the Agency will assist in the procurement of the same. Requisitions for this group of medical supplies will be marked "Special" and forwarded as indicated in Paragraph 6. above.

b. Justification will accompany each requisition. In those instances where a drug requested requires a prescription, the prescription will accompany the requisition.

c. The cost of all such supplies and transportation costs, if any, will be debited against individual accounts. Approved drug and supply lists may be established at the discretion of the Medical Division.

d. The Agency will not issue instructions nor assume responsibility in regard to the use of supplies procured in accordance with this Paragraph.

9. Accountability

a. An individual inventory and issuance record will be maintained on all medical supplies with the exception of Class I.

b. Whenever supplies are requisitioned, a summary inventory and issuance record of such items will accompany the basic requisition.

10. Operational Medical Supplies

a. The foregoing instructions apply to medical items used for medical support as distinct from medical items used for operational purposes.

b. Operational medical supplies will be requisitioned and procured according to existing policies. The Medical Division will furnish assistance as may be required.

11. The Medical Division will budget for all medical supplies and equipment used in medical support.

R. H. HILLENKOETTER
Rear Admiral, USN
Director of Central Intelligence

DISTRIBUTION: A.

Next 1 Page(s) In Document Exempt

Approved For Release 2003/01/27 : CIA-RDP81-00728R000100140004-5

S-E-C-R-E-T

Executive Registry
0-7966

CENTRAL INTELLIGENCE AGENCY
Washington, D. C.

ILLEGIB

ADMINISTRATIVE INSTRUCTION NUMBER [redacted] 21 November 19[redacted]

25X1A

REFERENCE: Public Law No. 658 and Public Law No. 110

SUBJECT: Medical Supplies and Equipment

1. This instruction establishes policies and procedures governing the procurement, issuance, use and accountability of medical supplies and equipment.

2. General Policy

a. First-aid equipment and medical supplies peculiar to the needs of an assignment will be issued each employee of this Agency prior to overseas assignment in sufficient quantity ~~as~~ to assure satisfactory medical adjustment to a given assignment for a period of at least 90 days.

b. A stock of first-aid equipment and ~~a stock of~~ medical supplies peculiar to the medical needs of an area as differentiated from the requirements in the United States will be issued each overseas post or station when equivalent supplies are not provided without reimbursement by any other governmental authority.

c. Ordinary pharmaceuticals, certain drugs for specific illnesses for employees and medical supplies for dependents will not be issued.

3. Issuance and Use Procedures

a. For the purposes of simplification, medical supplies and equipment will be divided into the following basic catagories:

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SECRET

Class I First-aid Equipment and Simple Pharmaceuticals.

Class II General Medical Supplies.

Class III Medical Supplies Peculiar to Disease Areas.

Class IV Supplementary Medical Supplies for Isolated Posts.

b. Class I and Class II Supplies will be subject to general issuance while Class III and Class IV will be issued only on the basis of specific need.

c. The Medical Division will establish and maintain approved medical supply lists in accordance with the above policy. Appropriate instructions concerning dispensation and use will accompany such lists.

Storage

4. a. A central stock ~~pile~~ of medical supplies and equipment will be maintained in the ~~Washington area.~~ medical supply assortment

b. Medical supplies and equipment will be maintained at a post or station under the care of the Station Chief. When security does not permit the ~~assistance~~ maintenance of a central stock, supplies and equipment will be stored according to the discretion of the Station Chief.

c. Supplies issued to individuals prior to overseas assignment will be retained for personal use ~~until~~ after arrival at destination. At that time medical supplies with the exception of Class I will be stored in accordance with the provisions of Paragraph 5. b. Class I Supplies will be retained for personal use.

SECRET

Procurement

5.

a. Medical supplies and equipment for stock account [redacted] ILLEGIB
be procured only on requisition
and issuance purposes will ~~be requisitioned~~ by the Medical Division.

[redacted] ILLEGIB

b. Individual medical supplies prior to overseas assignment will be obtained by direct issue from the Medical Division.

c. Overseas posts and stations will procure necessary supplies from the ~~central~~ Medical ~~supply in Washington.~~ DIVISION, ADMINISTRATIVE STAFF Requisitions for ~~the same~~ medical supplies will originate ~~from~~ the Station Chiefs. ~~Requisitions~~ And ~~will be~~ forwarded through existing channels [redacted] to ILLEGIB
the Medical Division for approval. ILLEGIB

[redacted]

6 Initial Requisitions

a. Station Chiefs will determine the need for medical supplies. The initial requisitions will be according to Class rather than item and will identify the geographical area concerned and the number of employees to be served. Additional pertinent information will accompany requisitions when Class IV Supplies are requisitioned.

Resupply

7

a. Resupply will be by requisition on a quarterly basis and ~~according to item.~~ by required items.

b. In cases of epidemic when the health of ~~C.I.A.~~ Employees is endangered, Station Chiefs will forward such information through established channels to the Medical Division immediately so that proper instructions and supplies may be issued exclusive of regular supply procedures.

SECRET

Special Procurement

8. a. In those areas where ordinary pharmaceuticals, special drugs for specific illnesses, for emergencies and medical supplies for dependents are unavailable or are of inferior quality or exorbitant cost, the Agency will assist in the procurement of the same. Requisitions for this group of medical supplies will be marked "Special" and forwarded ~~according to the provisions of the previous paragraph and will be marked "Special"~~ as indicated in Par. 6 above.

b. Justification will accompany each requisition. In those instances where a drug requested requires a prescription, the prescription will accompany the requisition.

c. The cost of all such supplies and transportation costs of same will be debited against individual accounts. Approved drug and supply lists may be established at the discretion of the Medical Division.

d. ~~7. b.~~ The Agency issues no instructions nor assumes any responsibility in regard to the use of supplies procured in accordance with this Paragraph ~~7. a.~~

Accountability

9. a. An individual inventory and issuance record will be maintained on all medical supplies with the exception of Class I.

b. Whenever supplies are requisitioned, a summary inventory and issuance record of such items will accompany the basic requisition.

25X1

10. [redacted]

a. The foregoing instructions apply to medical items used for medical support as distinct from medical items [redacted] purposes.

25X1

25X1 b. [redacted] medical supplies will be requisitioned and procured according to existing policies. The Medical Division will furnish assistance as may be required.

~~10~~ 11. The Medical Division will budget for all medical supplies and equipment used in medical support.

~~11~~ 12. The medical supply program will become effective 1 January 1950.

R. H. HILLENKOETTER
Rear Admiral, USN
Director of Central Intelligence

COORDINATION

25X1A [redacted]

SECRET

28 December 1949

25X1A

TO: Management
ATTENTION: [redacted]
THRU: Personnel Director
FROM: C.I.A. Surgeon
SUBJECT: Medical Supplies and Equipment

1. Reference is made to the memorandum concerning medical supplies and equipment dated 27 December 1949 signed for the Chief, Supply Branch SSS.

2. Paragraph 6a 1 is intended to read "will be procured only on requisition by the Medical Division."

3. Paragraph 7a does present a security problem. The question here is whether or not this particular service should be offered in view of the security risk. If it is true that prescriptions could not be submitted for filling, then it is believed the Agency should not assist in procuring those special drugs that require a prescription. However, the Medical Division has believed that the proposed service does have value and urges full consideration of the subject before the proposal is deleted.

Concerning the necessity of justification, it is believed that such action is a requirement. It is incorporated in the instruction for procurement, not economic, control purposes. Without justification it is impossible to determine the need for a certain drug and the Agency could be engaged in the dubious pursuit of procuring a myriad of drugs of multiple description and usage.

4. Expendible items are provided for under Class 1 Supplies.

If it is proposed that Class 2, 3 and 4 Supplies be considered expendible, the Medical Division does not agree. It does not appear reasonable that the proposed program provide for the careful selection of drugs, the issuance of the same, the publication of instruction concerning usage and then fail to determine the ultimate fate, usage and distribution of such supplies.

[redacted]

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JOHN R. TIETJEN, M. D.

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[redacted]

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SECRET

28 December 1949

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TO: Management
ATTENTION: [redacted]
THRU: Personnel Director
FROM: C.I.A. Surgeon
SUBJECT: Medical Supplies and Equipment

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JOHN R. TIETJEN, M. D.

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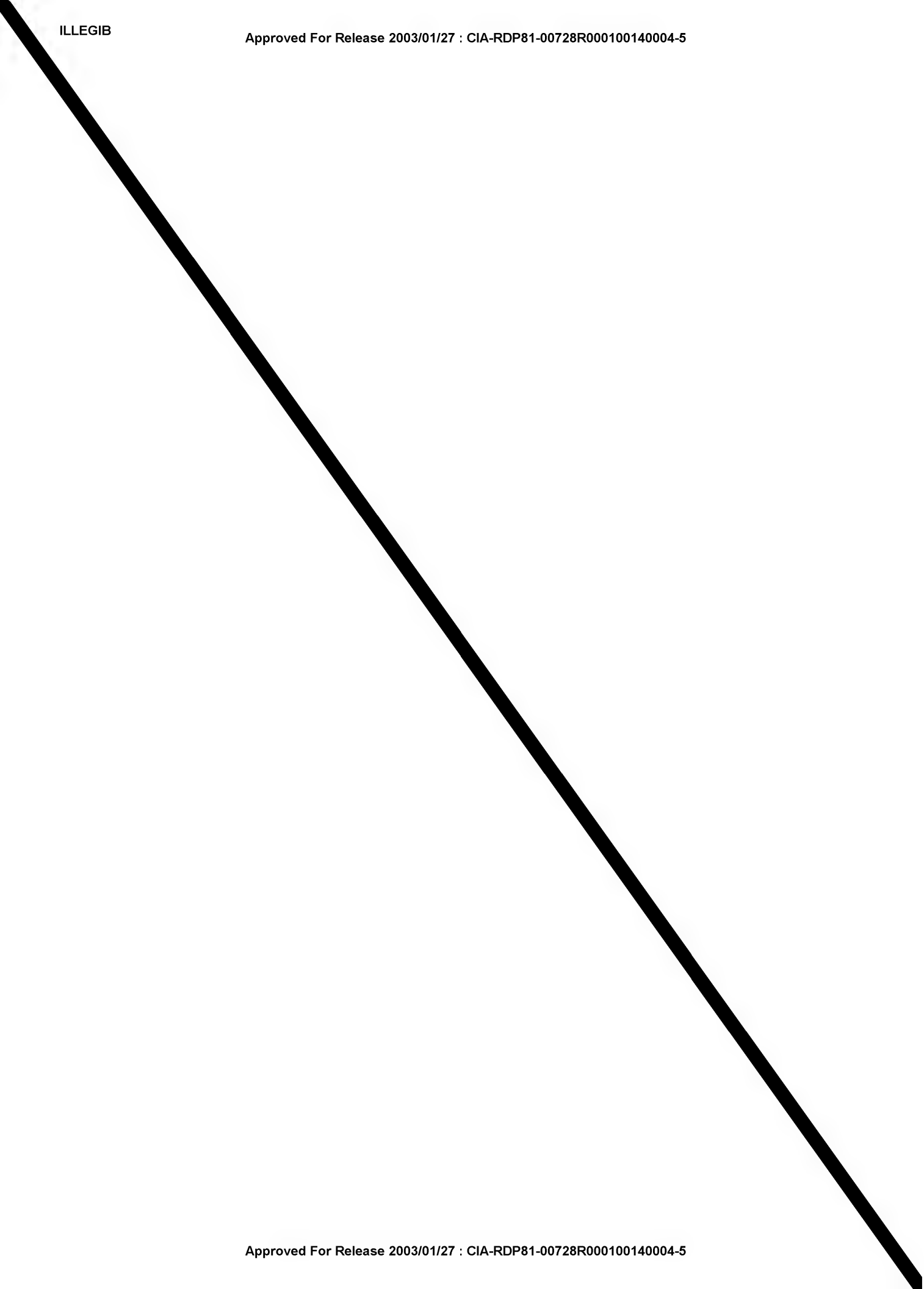

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Management Office
Attention: [redacted]
Chief, Supply Branch, SSS

27 December 1949

Medical Supplies and Equipment

Reference is made to attached proposed Administrative Instruction for Medical Supplies and Equipment.

It is believed that prior to issuance, the following points should be clarified or reconsidered:

a. Paragraph 6.a.1 indicates that supplies will be "procured" by Medical Division. It is believed that this should read "requisitioned" by Medical Division.

b. Paragraph 7.a. presents a security problem, since prescriptions procured by overseas personnel will show true names and locations. These could not be submitted for filling. The necessity for a justification where individuals will reimburse the government is not apparent.

c. Paragraph 8.a. and b. Expendable items should be considered expended upon issuance from Washington stock. The aim and intent of the Supply Branch, Procurement and Supply Division of the Special Support Staff is to keep field station administration as simplified as possible. This inventory would serve little or no purpose and would add to field administration problems.

The remainder of the Administrative Instruction is concurred in by this office.

[redacted]

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4. Storage

a. A central stock of medical supplies and equipment will be maintained in the medical supply account.

b. Medical supplies and equipment will be maintained at a post or station under the care of the Station Chief. When security does not permit the maintenance of a central stock, supplies and equipment will be stored according to the discretion of the Station Chief.

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c. Supplies issued to individuals prior to overseas assignment will be retained for personal use after arrival at destination. At that time

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medical supplies with the exception of Class I will be stored in accordance

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with the provisions of Paragraph . Class I Supplies will be retained

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for personal use.

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5. Procurement

a. Medical supplies and equipment for stock account and issuance purposes will be procured only on requisition by the Medical Division.

b. Individual medical supplies will be obtained by direct issue from the Medical Division prior to overseas assignment.

c. Overseas posts and stations will procure necessary supplies from the Medical Division, Administrative Staff. Requisitions for medical supplies will originate with the Station Chiefs and forwarded through existing channels to the Medical Division for approval.

6. Initial Requisitions

a. Station Chiefs will determine the need for medical supplies. The initial requisitions will be according to Class rather than item and will identify the geographical area concerned and the number of employees to be served. Additional pertinent information will accompany requisitions when Class IV Supplies are requisitioned.

7. Resupply

a. Resupply will be by requisition on a quarterly basis by required items.

b. In cases of epidemic when the health of employees is endangered, Station Chiefs will immediately forward such information through established channels to the Medical Division so that proper instructions and supplies may be issued exclusive of regular supply procedures.

8. Special Procurement

a. In those areas where ordinary pharmaceuticals, special drugs for specific illnesses for employees, and medical supplies for dependents are unavailable or are of inferior quality or exorbitant cost, the Agency will assist in the procuremeht of the same. Requisitions for this group of medical supplies will be marked "Special" and forwarded as indicated in Paragraph 6. above.

b. Justification will accompany each requisition. In those instances where a drug requested requires a prescription, the prescription will accompany the requisition.

c. The cost of all such supplies and transportation costs, if any, will be debited against individual accounts. Approved drug and supply lists may be established at the discretion of the Medical Division.

d. The Agency issues no instructions nor assumes ~~any~~ responsibility in regard to the use of supplies procured in accordance with this Paragraph.

9. Accountability

a. An individual inventory and issuance record will be maintained on all medical supplies with the exception of Class I.

b. Whenever supplies are requisitioned, a summary inventory and issuance record of such items will accompany the basic requisition.

[redacted]

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11. The Medical Division will budget for all medical supplies and equipment used in medical support.

12. The medical supply program will become effective 1 January 1950.

R. H. HILLENKOETTER
Rear Admiral, USN
Director of Central Intelligence

DISTRIBUTION: A.

Next 3 Page(s) In Document Exempt

RESTRICTED

28 September 1949

25X1 MEMORANDUM FOR [redacted]

1. Attached herewith are various comments which I have collected from various sources on the subject of medical supplies in the field. As this matter actually concerns others than OSO, they are forwarded for your perusal and for the formulation of an appropriate policy to be laid down by the Admiral for all of CIA.

25X1 2. [redacted] believes we should furnish Aid Kits in accordance with [redacted] policies; and that perishable medicines and serums should not be stocked in the field to avoid deterioration and waste.

25X1 [redacted]
Deputy Assistant Director
Special Operations

Attachment

RESTRICTED

Next 1 Page(s) In Document Exempt

Approved For Release 2003/01/27 : CIA-RDP81-00728R000100140004-5

RESTRICTED

9 August 1949

MEMORANDUM FOR THE ASSISTANT DIRECTOR FOR SPECIAL OPERATIONS:

Subject: Personal Medical Supplies

1. A request for five boxes of penicillin dust for use by the Chief of a foreign station to treat his sinusitis under the supervision of local medical authorities has brought this matter to my attention.

2. When a person requires treatment in Washington he can consult our dispensary and be given such emergency treatment and medicines as may be required at the time. However, in any chronic diseases, etc., the patient is told he must consult a civilian doctor at his own expense, and any continuing medicinal aids must also be provided at his own expense.

3. When a man gets to the field, we can take any one of four points of view regarding the maintenance of his health.

(a) That the maintenance of his health and the purchase of necessary medicines and supplies are his own personal responsibility.

(b) That it is the interest of our office and that of the Government to keep the man healthy by furnishing, at Agency expense, any medicines and medical supplies he may need.

(c) That because some of our personnel are not located at points where a wide range of medicines is easily available, we should supply them directly, either

(1) At Agency expense, or

(2) At personal debited expense

(d) That as a more limited application of (c), we supply persons so located only with unusual medicines sent by special request in a specific emergency, either

(1) At Agency expense, or

(2) At personal expense by debiting the individual's account.

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4. I do not feel that in view of some of our remote locations 3(a) would be quite just or fair as an arbitrary decision. I feel that 3(b) would result in endless requisitions for all sorts of medicines ranging from aspirin tablets to corn plasters and Lydia Pinkham's compound. (The CIA cow has too many teats already and this would simply provide another one.)

5. Nevertheless, I feel that we should set up some standards regarding this matter. When I expressed surprise that we had not formulated some policy regarding the subject, I was told that it had not formerly been necessary because OSS gave everybody anything they wanted.

6. Personally, I believe that in our own best interests we should possibly have available three different types of medical supply kits, and that every employee in the field should have one of the three depending on his location. The smallest kit should contain strictly emergency material for use at stations where professional medical attention is readily available. (Perhaps no Agency-furnished materials are necessary in such locations.) A second type of kit should be a little more extensive for stations in semi-isolated locations; and a third type, quite complete and extensive, should be available for really remote localities. Beyond that, I believe an individual requiring special or recurring medicaments, or emergency serums or medicines should, if he is unable to purchase them himself locally, be debited for such items as he may request the Agency to procure and ship to him. (Actually, we have failed in our duty here if we send people out who have afflictions which may require special attention.)

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7. However, I believe it would be fair to furnish a recurring supply of medical items necessary to combat or cure diseases, infections or deficiencies which are prevalent or indigenous in a specific area, (i.e., malaria, dysentery, etc.), for these are actually operational hazards. We should also decide whether this medical assistance is to be furnished in proportions sufficient for all dependents. If so, the requirements for children would obviously include material which would not be necessary for adult employees as such.

8. Our medical staff should determine the appropriate content of medical kits or shipments, modified by the special requirements of the locality concerned, rather than to have individuals make their own requests, including tremendous and unrealistic quantities of fairly perishable materials, which if supplied would result in considerable waste. Perishable or deteriorating materials could be replenished on request after appropriate interval.

9. I believe it would be valuable if the Director were given an opportunity to read this memorandum, and express a policy for future guidance.

25X1

Deputy Assistant Director
Special Operations

9 August 1949

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[redacted]
Deputy Assistant Director
Special Operations

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Suggestions for policy regarding issuance of medical supplies to CIA-OSO overseas personnel.

Objective. To provide a sound policy to govern the issuance of medical supplies to CIA-OSO overseas personnel.

CIA-OSO Obligations

1. Legal. The legal obligations of CIA-OSO to provide medical care and/or issue medical supplies are laid down in Public Law 110, 81st Congress; The Federal Employees Compensation Act of September 7, 1916, as amended; Standardized Government Travel Regulations; and Standardized Government Civilian Allowance Regulations.

2. Moral. Beyond these legal obligations it is believed that from the standpoint of operational efficiency and good morale, CIA-OSO has the moral obligation to safeguard the health of CIA-OSO overseas personnel through the issuance of certain medical supplies. It is further believed that CIA-OSO moral obligations extend also to the dependents of CIA-OSO overseas personnel insofar as the medical problems of such dependents are due to the area of assignment of the husband and/or father, and since there is bound to exist a direct relation between the operational efficiency of CIA-OSO personnel and the health of their dependents.

It is realized that medical supplies are ordinarily considered to be personal items and, therefore, should properly be purchased by the individual user. It is felt, however, that in certain cases medical supplies should be issued by CIA-OSO to personnel stationed or destined for overseas station. The following conditions should govern the issuance of such medical supplies:

1. There exists an actual need on the part of CIA-OSO overseas personnel and dependents for certain medical supplies.

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2. The need for these medical supplies can be justified in terms of the medical hazards encountered by CIA-OSO overseas personnel and dependents due specifically to their area of assignment.

3. Specific medical supplies are either not available, of such poor quality as to be almost useless, or available only at a prohibitive cost in the area to which CIA-OSO overseas personnel is assigned.

Procedure.

1. Individual issue.

The Foreign Branch will prepare requisition for initial issuance of necessary medical supplies to CIA-OSO personnel departing for overseas station.

a. Branch requests for initial issuance of medical supplies to CIA-OSO personnel and dependents departing for overseas station will be restricted to the minimum essentials required to furnish adequate medical protection for a period of three months. In making this request the Foreign Branch will be guided by the knowledge they have as to the existence of medical problems peculiar to their area, the mode of transportation of such personnel, and the availability of medically efficient and reasonably priced supplies and pharmaceuticals in the area. All Foreign Branch requests for the issuance of medical supplies will contain written justification in terms of the preceding paragraph.

b. Foreign Branch requests for medical supplies will be hand-carried by the individual concerned to Medical Services which will screen such requests in terms of justifications offered by the Foreign Branch and, in addition, consider such requisition in the light of the specific medical problems of the individual concerned and his dependents.

Medical Services will make additions or deletions to Foreign Branch requests based on the foregoing considerations. Medical Services will also make substitutions in such lists where, in their estimation, some other pharmaceuticals are more satisfactory than those requested by Foreign Branch. Medical Services will forward Foreign Branch request back to originating branch with their suggestions and recommendations.

c. Foreign Branch will then submit requests for medical supplies to [redacted] OSO, through Deputy Services Officer, Covert, who will act on such requests in accordance with existing CIA-OSO rules and regulations.

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2. Station Issue.

CIA-OSO chiefs of station will submit quarterly requests for medical supplies to the Foreign Branch chief who will in turn forward such request with his suggestions and recommendations to [redacted] CIA-OSO through Deputy Services Officer, Covert.

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a. Quarterly requests from the field for medical supplies will be based on the actual use of medical supplies by station personnel and dependents during the preceding quarter and the anticipated needs in terms of such factors as changes in climatic conditions, the existence of epidemics, etc.

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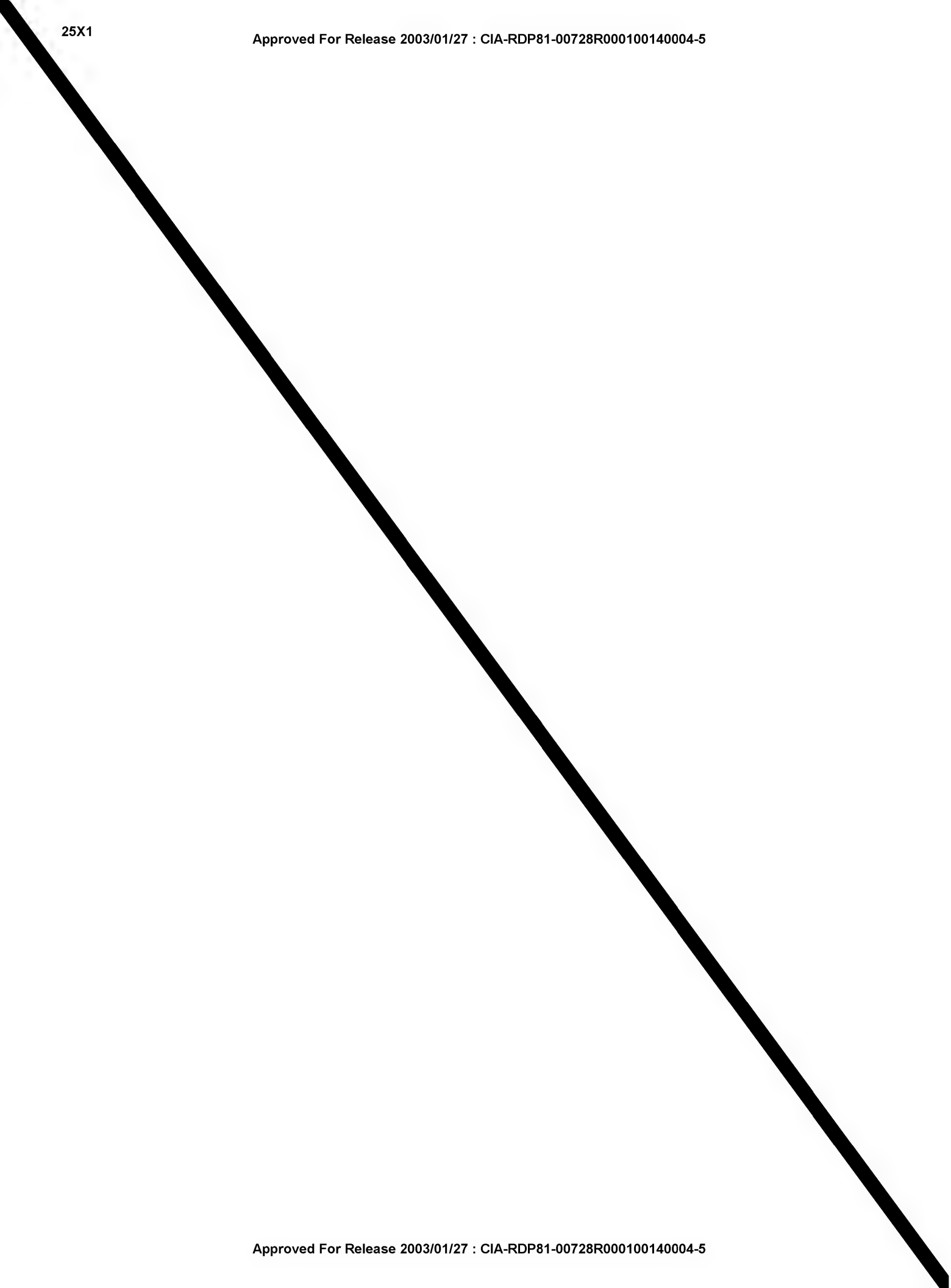
b. [redacted] on the basis of station requisition and Branch and DSO/C recommendations, will issue necessary supplies to station.

c. Station chief will be responsible for individual issuance of medical supplies to personnel at his station.

Suggestions.

It is suggested that chiefs of station make quarterly reports to Foreign Branch chief as to the medical conditions in their area. (It is felt that the post reports now submitted do not contain sufficient information concerning medical conditions in the area and the availability of medical care and supplies.) Such report will also furnish information concerning cost and availability of medical care and supplies at stations. Foreign Branch will forward such reports to Medical Services for their consideration. In addition, it will be the responsibility of the chief of station to immediately inform Medical Services through Foreign Branch chief as to the development of dangerous medical conditions in the area, as for example, epidemics, etc.



Approved For Release 2003/01/27 : CIA-RDP81-00728R000100140004-5

STANDARD FORM NO. 64

SECRET

4F98.

Office Memorandum • UNITED STATES GOVERNMENT

TO : [redacted]

DATE: 9 September 1949

25X1A

FROM : Medical Officer

SUBJECT: Medical Supply Procedures

1. Reference is made to your memorandum of 9 August 1949.

2. Attached find comments as requested. These comments are somewhat detailed but inasmuch as you signified it was your intent to bring this matter to the attention of the Director, it was considered advisable to be fairly comprehensive.

3. Because of the nature of the problem a carbon copy of these comments is being referred to Mr. William J. Kelly for information purposes.

4. It is trusted that any delay you have experienced in receipt of the same has in no way inconvenienced you.

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[redacted]

JOHN R. TIETJEN, M. D.

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I

Approximately seventeen months ago, the Medical Division attempted to establish a permanent policy regarding medical support of overseas operations. A series of meetings was held with various officials of the office of Special Operations for this purpose.

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[redacted]

There was one other fact that the Medical Division considered, namely, the existence of an OSO supply section that provided medical as well as other forms of support to certain operations.

As a result of the information obtained, the Medical Division decided to develope an overseas medical policy incorporating the following activities:

1. Adequate medical evaluation and placement of prospective OSO personnel.

2. Adequate clinical medical preparation of employees for overseas assignment.

3. The establishment of a training program within the training section of OSO, such program to emphasize:

   a. Medical care and hospitalization for employees, serving overseas, as provided by the Compensation Act of 1916. (See Attachment A)

   b. Seminar discussions by geographical area of actual assignments with special regard to medical problems pertinent and current to that area.

   c. Discussions and training regarding the issuance and use of drugs, approved for use in overseas operations by the Medical Division. (See Attachment B, C, D)

4. The actual issuance of medical supplies going overseas in accordance with the medical requirements of the area concerned, type of assignment, and quantity required to guarantee medical coverage for a period of initial adjustment.

5. The establishment of an information center within the Medical Division whose function would be to obtain, evaluate and utilize current epidemiological worldwide in nature for Medical Division purposes.

6. The proper medical evaluation of employees returning from overseas.

These six basic activities have been accomplished and the program has been functioning for over a year. It will be noted that the program applies to employees only and does not include dependents. It should be further noted that under the provisions outlined in Paragraph 4 above, the Medical Division has issued no supplies nor recommended the issuance of the same for those areas where no supplies are required. Conversely, complete medical kits have been issued in those instances where such action was required. Issuance has been based budgetarily on the supply provisions of special funds and the preventive medicine aspect of Public Law # 658.

II

It is believed that the foregoing will serve to outline Medical Division policy in regard the issuance of supplies. The policy is considered sound and it is the intent of the Medical Division to maintain the same until otherwise directed.

III

The problem of maintenance of medical supplies has belonged to OSO. Apparently a need for such support exists in view of the occasional requests from the field. It is the understanding of the Medical Division that the supply section of OSO passes judgment on these requests. Approved cases are sent to the Medical Division for review. The Medical Division then reviews such requests on terms of pharmaceutical reasonableness, and approves the same as indicated. Approval does not signify medical approval as to dosage or use of the drug. This source of request has always remained anonymous.

On the whole, the majority of previous requests have appeared reasonable. It is believed that the case of the five boxes of penicillin dust is being presented as a test case to see how far medical support should extend.

The Medical Division believes that medical support or maintenance should include the following provisions:

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1. The CIA should furnish and maintain a stock of first aid equipment at a post or for an individual when such equipment is not available [redacted] or when the supply of such equipment does not constitute a security risk.

2. The CIA should furnish and maintain a stock of medical supplies peculiar to the medical needs of an area as differentiated from the requirements in the United States when conditions as outlined in Paragraph 1 prevail.

3. The CIA should assist in the procurement of ordinary pharmaceuticals when such drugs are not available or are of inferior quality or exorbitant cost. The cost of such drugs should be debited against individual accounts.

4. The CIA should assist in the procurement of special drugs when required for certain specific illnesses. Cost of such drugs should be borne by the individual, or the Agency, depending on the circumstances. In certain cases, the individual should be recalled rather than continuing treatment. All requests involving the use of special drugs should be referred to the Medical Division for determination.

5. The CIA should assist in the procurement of medical supplies for dependents when conditions as outlined under Paragraph 2 prevail. The cost of medical supplies for use by dependents should be borne by the employee, not the Agency.

6. All requisitions for medical supplies should be channeled through the respective Branch Chiefs and the Medical Division for approval. Cases of disagreement should be resolved by higher authorities.

These six provisions should serve to clearly state the position of the Medical Division and should incidentally indicate its opinion of the case of five boxes of penicillin dust.

If the above provisions are adopted as policy, it is recommended that the Medical Division be directed to initiate the program.

IV

The Medical Division would like to comment on the paragraph entitled "Suggestion" of Attachment E as promulgated by OSO.

The Medical Division agrees in entirety with the contents of the above named paragraph. If the files of the Assistant Director of OSO are consulted it will be noted that a request for information embodying the contents of that paragraph was sent by the Medical Division to OSO on 27 December 1948. A return memorandum, dated 11 January 1949, indicated that procurement of such information was not a proper function of the office of Special Operations.

In view of the present interest in medical supplies and medical problems, it is possible that this policy may be subject to reconsideration.

V

Recommendations in entirety as found in Paragraph III are based on the premise that responsibility for medical support lies [redacted]. In this regard the Medical Division would like to direct attention to Attachment F which outlines present State Department overseas medical policy.

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If the above premise is incorrect, then the Medical Division recommends the development of an autonomous CIA overseas medical program. Pending the receipt of such information, it is considered desirable to withhold further comment.

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MEDICAL CARE AND HOSPITALIZATION FOR EMPLOYEES

1. The United States Employees' Compensation Act is the basic law concerning compensation for disability or death of a Government employee which resulted from a personal injury sustained while in the performance of his duty. In addition to the compensation, medical care and hospitalization will be provided. In certain instances, when transportation expenses occur in securing medical care, the employee will be reimbursed. The Government Agency administering the act is the Bureau of Employees' Compensation which is a part of the Federal Security Agency. The Agency which employs the individual merely transmits the necessary information and forms to the Bureau; the Bureau itself is responsible for making all determinations under the Compensation Act.

2. Benefits may be authorized where employees of the United States Government suffer "disability or death resulting from a personal injury sustained while in the performance of his duties." All employees who are paid from Federally appropriated funds are automatically covered by the act with no contribution required. The term, "in the performance of duty," is not interpreted in the same way as line of duty in the military, and there must exist an actual cause relationship between official duty and the injury. For example, where the employee is injured while on public transportation on the way to his place of duty, he is not eligible for benefits under the act; where the employee is riding in a Government automobile on an official trip, injury sustained as a result of an accident while in the vehicle is compensable under the act.

3. The words, "personal injury," should be explained more fully, particularly, in connection with overseas service. Personal injury has been interpreted to include illnesses which are suffered by reason of the employee being subjected to more hazardous conditions than he would have encountered had he remained in the United States. Expressed in another way, illness incurred in an area in which the disease is endemic would be compensable. This point can be best illustrated by an example. If an employee were to contract malaria while on assignment to the [redacted] his illness would be compensable under the broad interpretation of the term, "personal injury." On the other hand, if an employee assigned to [redacted] were to suffer heavy cold and even pneumonia, such illness probably would not be compensable. It should be noted that, in a few rare cases, the Bureau has approved benefits where tuberculosis and poliomyelitis were involved.

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4. If a compensation case is approved by the Bureau, full medical care and hospitalization will be afforded at Government expense, and, where necessary, outside specialists will be called in. If the injury or illness renders the person incapacitated for duty, compensation will be paid in an amount not to exceed $116.66 per month.

CONFIDENTIAL

Normally, it is to the employees' benefit to be placed on sick leave. In such cases, by being on sick leave the employee is entitled to full pay which in the majority of cases will exceed the monthly compensation benefits. Where the disability is total and permanent, the compensation benefits will be paid to the employee for the remainder of his life or until the disability is removed. In special cases, where an attendant is necessary, an additional amount may be authorized for reimbursement of such expenses.

5. Where death results from injury or illness while in the performance of duty, the wife or children are entitled to the benefits not to exceed $116.66 per month. When the child reaches majority or becomes self-supporting, the benefits to the widow are reduced to approximately $65.00 a month. The benefits are paid to the widow for her lifetime, or until she remarries. Beneficiaries under the act must be dependent for support upon the deceased employee to secure the benefits. Dependent parents would be entitled to death benefits in a similar manner to those authorized for a widow.

6. For your information, there was considerable agitation, during the last session of Congress, for increase in the basic rates of compensation. A bill was introduced to increase the maximum benefits to $255.00 per month. This bill would continue to use the formula of compensation equal to two-thirds of the employee's basic salary but with the new maximum of $255.00, in lieu of $166.66. It is proposed to reintroduce a similar bill in the forthcoming session of Congress, and it appears very likely that such a bill or some form of increase will be approved by Congress.

7. In order to process a claim, it is necessary that certain prescribed forms be completed in duplicate. These forms are available at Government establishments. There is the C. A. 1 which is the employee's notice to CIA that he has been injured. That form should be completed within forty-eight hours after the injury occurs and submitted to the official superior. The C. A. 2 should be completed by the employee's superior furnishing the information indicated by the numbered blanks and sent to the Employees' Compensation Commission. The C. A. 4 is the actual claim by the employee for compensation or reimbursement of medical, hospitalization, or transportation expenses incurred as a result of injury or compensable illness, submitted by him through his official superior. When the forms are completed and in order, they should be referred to the Office of the General Counsel for transmittal to the Bureau if such action is necessary. Normally, forms C. A. 1 and 2 should be submitted even though no claim will be filed. These forms in such cases will be placed in the employee's personnel folder to serve as a record of the fact that such an injury did occur.

8. Arrangements with Bureau of Employees' Compensation, Federal Security Agency. CIA has completed arrangements with the Bureau of Employees' Compensation whereby death, disability, and injury cases may be handled with a high degree of security. Where compatible with security requirements, all cases of injuries to, disability, and death of employees, while in the performance of duty, shall be processed through the Bureau of Employees' Compensation, using the special arrangements where necessary. The Office of General Counsel acts as liaison with the Bureau of Employees' Compensation and will render assistance in the preparation of claims to be forwarded to the Bureau of Employees' Compensation.

a. Procedure in the United States. Where it is deemed necessary to provide for medical expenses for a CIA employee who is undercover and who is injured or becomes sick by reason of performance of his duty, the Chief, Medical Services Division, shall make appropriate arrangements for the patient's medical and hospital care. Statements of expense incurred for such medical care or hospitalization shall be submitted for payment to the [redacted] by the Chief, Medical Services Division, if found by him to be in order for payment and after having been approved by the Assistant Director for Special Operations. Any case involving permanent disability or a disability which, in the opinion of the Chief, Medical Services Division, will continue for a period of more than one month, shall be referred to the Assistant Director for Special Operations, with the recommendations of the Medical Services Division, The Security Division, and the Office of General Counsel. Unless security considerations are involved which require the use of special funds, the case should be referred to the Bureau of Employees' Compensation, Federal Security Agency, as outlined in CIG Administrative Order [redacted]

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b. Procedure Overseas. When a civilian employee of CIA is injured or becomes sick by reason of performance of his duty, the Chief of Mission shall arrange for the patient's medical and hospital care, wherever possible, under appropriate security plan. Any case of permanent disability shall be referred immediately to the Branch Chief concerned, in Washington. Any case of disability which, in the opinion of the Chief of Mission, will continue for more than one month, shall be referred to the Branch Chief concerned in Washington. Statements of expenses incurred for medical care and hospitalization will be approved by the Chief of Mission and forwarded to Washington for the approval or disapproval of the Assistant Director for Special Operations. Where there is no one available to make such arrangements for the employee, he shall make his own arrangements for medical care and hospitalization, and, upon the submission to the [redacted] of a claim for reimbursement together with such receipts as may be obtained under the circumstances, shall be reimbursed for reasonable expenditures so

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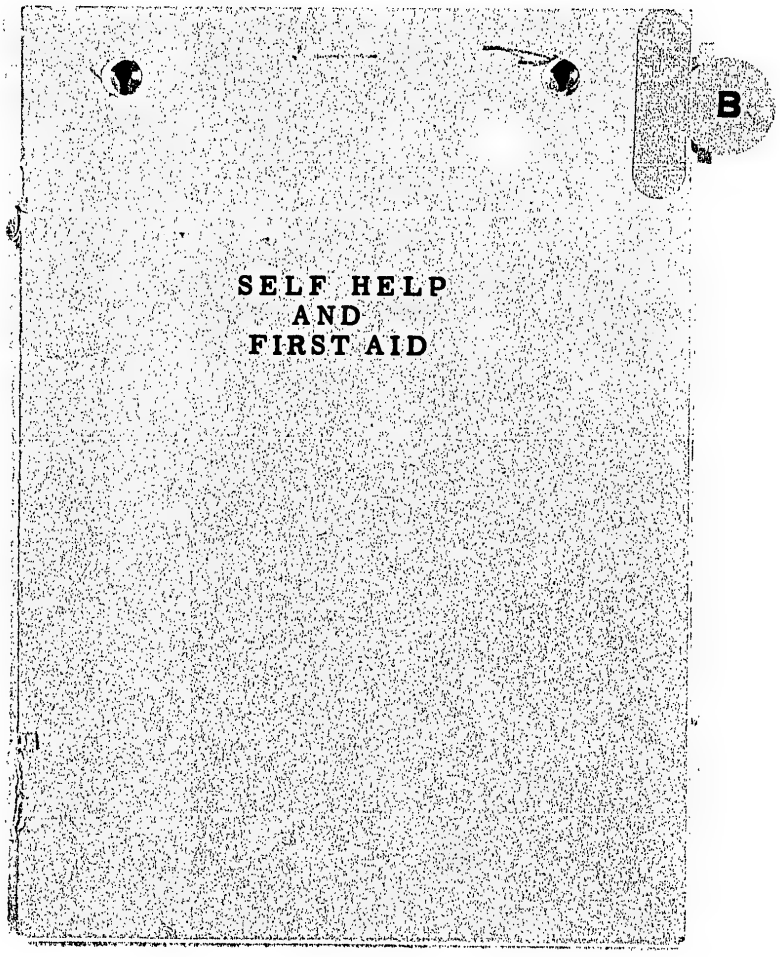
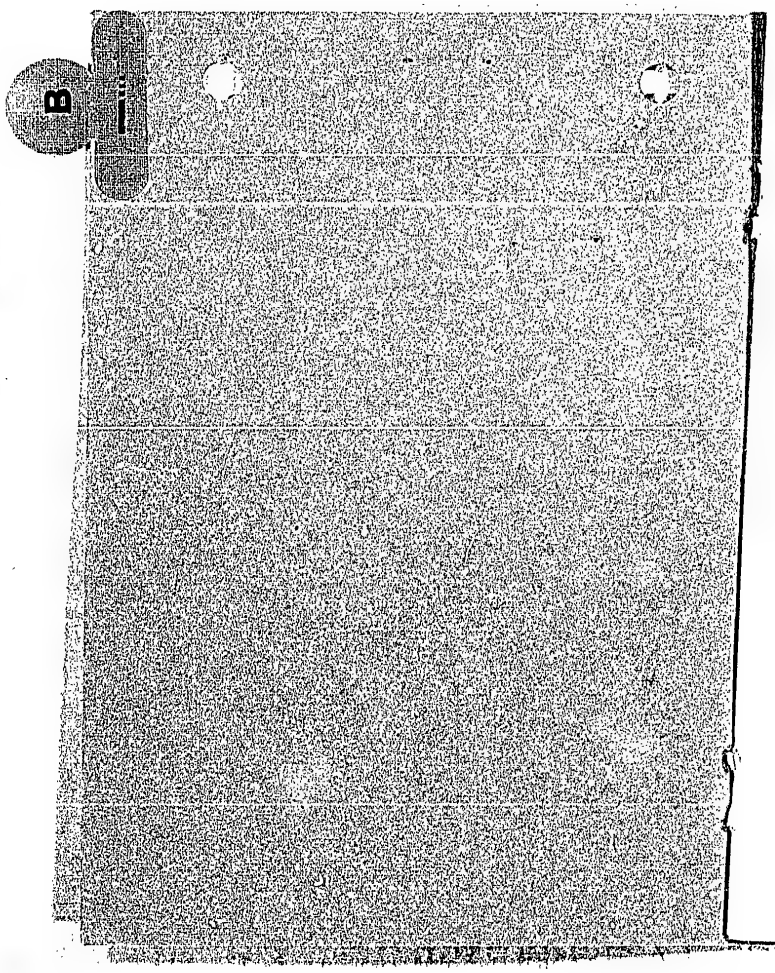
incurred upon the approval of the Assistant Director for Special Operations. All such cases of injury or disease must be reported to the Chief, Medical Services, Washington, at the first opportunity.

9. You will note that all reference has been to employees. There is no provision for treatment of the dependents of an employee where a wife or children of an employee require medical care or hospitalization. This is considered to be a purely personal matter and must be at the expense of the employee.

10. The regulations covering this subject should be consulted when an injury occurs. Administrative assistants should familiarize themselves with the Employees' Compensation Act (Public Law No. 267, Sixty-fourth Congress) and the United States Compensation Commissions Regulations.

JPE/DWS/9 February 1949





PART I

SELF HELP

IT IS IMPORTANT TO OBTAIN COMPETENT MEDICAL AID (WHENEVER POSSIBLE) AFTER EMERGENCY SELF-TREATMENT HAS BEEN RENDERED.

If ill or injured BE CALM. Remember you have been immunized against many dangerous diseases.

Boil or chlorinate all water. Water boiled UNDER YOUR OWN SUPERVISION is the only water that is absolutely safe for your consumption. Unless you have definite information to the contrary - all water supplies (urban or rural) must be considered as contaminated and dangerous. All milk must be boiled unless it is known to have been pasteurized.

Only well-cooked foods, freshly prepared and preferably served hot, are safe for human consumption. In the tropics foods spoil rapidly - foods that are reheated and not thoroughly recooked are not safe, only freshly cooked vegetables should be eaten. Vegetable and fruit salads are notoriously dangerous. Thick skinned fruits - that you peel yourself, are safe, if throughly washed before peeling.

DIARRHEA AND DYSENTERY.

The most important factor in treating diarrhea, no matter what the cause, is rest. Strain on the bowels caused by physical activity and a heavy diet aggravate the condition. Therefore stay in bed if you possibly can, and avoid any activity that is not absolutely necessary. Limit your diet to liquids, taken in large quantities at frequent intervals. Small amounts of soft semi-solids, such as porridge, may also be taken, but it is important to avoid rough or heavy foods.

If the diarrhea is not noticeably improved after 48 hours, you may assume that you have either amoebic or bacillary dysentery. Although the two types are difficult to distinguish without a laboratory test, there are a few characteristic symptoms which are of help in making a diagnosis. Bacillary dysentery usually comes on fairly suddenly with acute abdominal pains, severe and constant diarrhea, and, in some cases, a high temperature. The stools often contain blood and pus.

Amoebic dysentery, on the other hand, usually begins more gradually. The attacks of diarrhea are sporadic and recurrent. Fever, if any, is lower and also sporadic. Blood is not so apt to appear in the stools in the early stages of amoebic dysentery as it is in the case of bacillary dysentery.

ter two days of rest and liquid diet, the diarrhea is still persistent and you are still in doubt about the cause, treat for bacillary dysentery (see discussion of Sulfa Drugs). If the disease actually is bacillary dysentery, you should be practically well after 4 or 5 days, and there should be no relapses. If, however, the attacks of diarrhea still recur, start treatment for amoebic dysentery (see Diodoquin).

MALARIA.

Atabrine is to be used in guarding against malaria and in treating the disease if it develops.

Malaria is carried by mosquitoes and causes sudden attacks of chills and fever. It is usually spread during the summer mosquito season, but once a person is infected, the attacks may occur at regular intervals throughout the year. Preventive treatment is continued until late in the fall.

If you are in an area where a moderate amount of malaria exists, take a preventive dose of 4 atabrine tablets per week, with meals. If there is considerable malaria in the region, take 1 tablet daily with meals for six days. Omit the dose on the seventh day and then continue as before, always omitting the seventh day.

If chills and fever develop, take two tablets every 6 hours day and night for the first 30 hours, followed by one tablet three times a day for 6 days (3 tablets per day) after meals. Then resume the preventive doses of 6 tablets per week.

It is important to take atabrine with food. Otherwise, the drug may cause stomach upsets. Do not be disturbed if your skin becomes yellow; this is harmless and will go away. If atabrine causes nausea or stomach upsets, take sodium bicarbonate or sweet tea with every dose.

(The preventive dose of quinine, which is also used for malaria, is 2 to 3 tablets or capsules daily. In treating chills and fever, take 3 tablets or capsules three times a day after meals for 2 days, followed by 2 tablets 3 times a day for 5 days. Then resume the preventive dose.)

COLDS.

Colds are caused by an acute infection of the respiratory tract which lasts approximately 48 hours. Any symptoms, such as congestion in the head or a sore throat which remain after that time are caused by secondary infections. Unless properly treated, these secondary infections may last a long time or lead to pneumonia and other serious conditions.

The symptoms of a cold may also be due to chronic sinusitis which becomes aggravated after undue exposure, or they may be the first sign of meningitis, later developing into aches throughout the body and fever.

It is therefore important to treat a cold as soon as it develops. Neglect may bring on dangerous conditions. Take it easy and get extra sleep; keep warm; eat according to appetite; drink large quantities of liquids. For a sore throat, sip a glass of hot water in which an aspirin tablet has been dissolved every two hours. Keep the sinuses open by using a benzedrine inhaler every hour. Stay in bed if you possibly can, especially if you have fever.

Secondary and more serious symptoms should be treated according to the way they develop:

1. For continued pain and congestion in the sinuses, apply extra heat, use a benzedrine inhaler, and continue the general treatment for a cold.

2. A severe sore throat accompanied by a temperature of 101 F or more might be streptococcus infection. (See sulfadiazine).

3. Chest pains and a heavy cough, accompanied by a temperature of 101 F or more might be pneumonia. (See sulfadizine).

4. A severe headache, general prostration, aches throughout the body, and a rise in temperature might be meningitis. (See sulfadiazine).

GENERAL.

Give IMMEDIATE attention to all cuts - scratches and wounds of the skin. Unless this is done - wounds readily become infected. These infections are frequently of a very serious nature, particularly in the tropics.

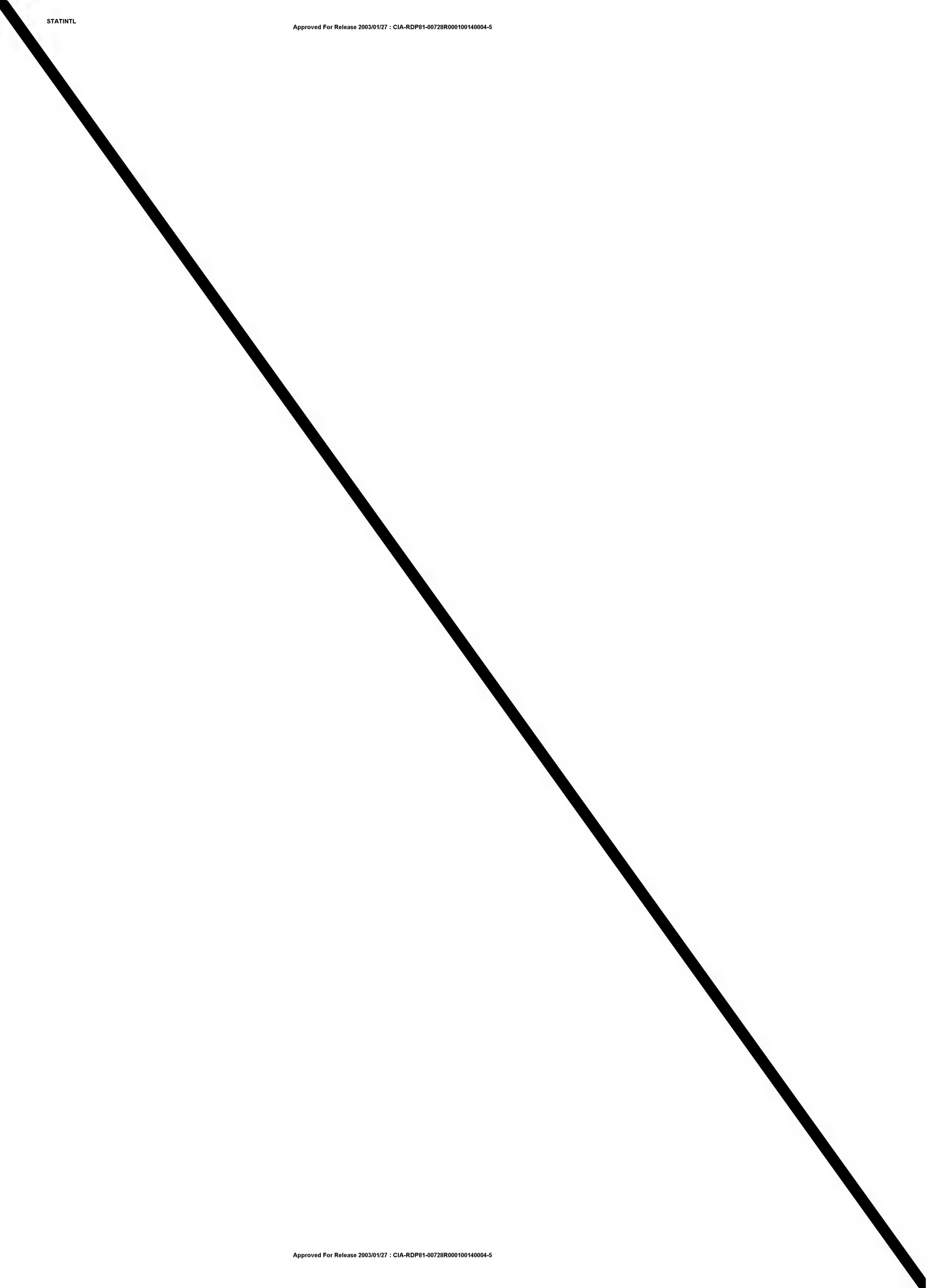
In case of ABDOMINAL PAIN -- NEVER take cathartics or laxatives. The pain may be a symptom of appendicitis. Laxatives may cause rupture of the appendix. Remember use of sulfa drugs in apparent appendicitis.

Cardinal symptoms of appendicitis usually are pain and TENDERNESS in right lower abdomen - associated frequently with nausea or vomiting.

DRUGS AND THEIR USE.

1. Sulfadiazine:

Sulfadiazine may be used for streptococcus infections, pneumonia, appendicitis, meningitis, and wound infections.



(Occasionally unfavorable reactions are caused by the use of sulfa drugs. If skin eruptions, bloody urine, an unusually low urinary output pain in the kidneys, or pink-eye develop after the use of sulfa drugs, discontinue the treatment. The drug may also cause mental confusion and impaired vision, but these symptoms are temporary and do not interfere with the treatment.)

Bacillary Dysentery. (See general discussion of dysentery and diarrhea). Bacillary dysentery is transmitted through contaminated water and foods. The disease usually begins abruptly with severe gripping pains, and within 48-72 hours, blood is apt to appear in the stools. Take one tablet of sulfadiazine every three hours, day and night, until the symptoms disappear. Drink large quantities of sterile water and other liquids. Take only liquids and small quantities of semi-solids during the first two days and thereafter eat only soft, easily digested foods. Stay in bed if possible.

Streptococcus Infections. If you have a sore throat, sip one glass of very warm water in which an aspirin tablet has been dissolved every hour or two. Remain as quiet as possible and drink large quantities of hot liquids. If the sore throat is accompanied by a temperature of 101 F or more, take 4 tablets of sulfadiazine and then one tablet every three hours, day and night, for five days. Do not use sulfadiazine unless your temperature reaches at least 101 F, and be sure to drink at least three quarts of liquids daily.

The same dosage applies to streptococcus infections in other parts of the body which are accompanied by a temperature of 101 F or more.

Pneumonia. The symptoms of pneumonia are high fever, chills, chest pain, and cough with rusty sputum. Not all of these symptoms may be present in any single case, but, rapid development of any of them, with a temperature of 100-101 should excite suspicion. Take an initial dose of 8 sulfadiazine tablets, followed by 2 tablets every 4 hours, day and night, for five days. Remain in bed; keep warmly covered; and drink at least three quarts of liquids daily. Even if the temperature drops on the second or third day, continue to take the drug for five days.

Appendicitis. The first signs of appendicitis are general abdominal discomfort and nausea. The pain gradually becomes more acute and is localized in the lower right side of the abdomen. Fever usually develops as the pain becomes localized. If these symptoms develop, GET A DOCTOR AT ONCE.

If it is not possible to call a physician, go to bed and place wet cloths or an ice-pack over the right lower abdomen. Take 6 sulfadiazine tablets, followed by 2 tablets every four hours day and night for four or five days. Remain in bed for at least six days and until all signs of the fever and pain have disappeared. Drink at least three quarts of liquids daily, and do not eat anything solid for the first four days.

Meningitis. The preliminary signs of the disease are general prostration, aches throughout the body, especially the back and neck, and a cold. This stage lasts from twelve to forty-eight hours. The second stage of meningitis comes on suddenly with a severe headache. The temperature rises sharply (102 to 105 F); vomiting then occurs; breathing becomes difficult; and the skin breaks out with a purplish rash. Within twenty-four to forty-eight hours thereafter, the headache produces stupor and delirium and muscles throughout the body become rigid.

Take 8 tablets of sulfadiazine as soon as the temperature reaches 101 F, or when a severe headache develops after the symptoms of the first stage (prostration, general aches and pains, and a cold). It is important to take the drug before the more advanced signs of the disease develop, because vomiting may make retention impossible. A severe headache and fever need not necessarily be due to meningitis, but such a condition should be treated in any case.

After the initial dose of 8 tablets, take 2 tablets every four hours, day and night until all symptoms disappear. Eat what you can tolerate and drink copious amounts of liquids.

Infected Wounds. In case of infected wounds, soak the area with warm water or apply warm wet packs if possible each 2 hours. Take 1 tablet of sulfadiazine every three hours for 3 or 4 days. Immobilize the wounded area by means of a splint, if possible, and leave it alone. Drink at least 3 quarts of liquids daily. Cut the dose in half after 3 or 4 days, or when wound should show definite signs of breaking.

2. DIODOQUIN:

Diodoquin comes in small tan tablets and is used for amoebic dysentery. (See general discussion of diarrhea and dysentery).

Amoebic dysentery is transmitted through vegetables and fruits which are improperly cooked, or through impure drinking water. The disease usually begins with intermittent attacks of diarrhea, accompanied by abdominal pain. Blood occasionally appears in the stools.

Amoebic dysentery should be treated by taking 9 tablets of diodoquin every day for twenty days. Take 3 tablets at a time at convenient regular intervals, drink large quantities of liquids, and remain as quiet as possible in order to avoid strain on the bowels. Take no solid food during the first two days, and thereafter take only soft, easily digested foods. Even if the attacks of diarrhea disappear, continue to take diodoquin for twenty days so as to avoid a relapse.

If you are in a region where amoebic dysentery is common, and if, for reasons beyond your control, you have to eat food you suspect, take 2 diodoquin tablets three times a day for twenty days. Complete the treatment no matter when you leave the region.

In extreme cases, continual exposure to amoebic dysentery i[illegible] absol[illegible] unavoidable, resume the twenty-day treatment after an interval of two weeks to a month. Semi-permanent residents in endemic areas should, however, arrange to obtain safe food in preference to extended use of diodoquin. Do not take diodoquin for more than twenty days at a time.

3. ATABRINE:

For prophylaxis - 1/2 tablet with supper on six days of week, 1 tablet on 7th day. ALWAYS take with meals. Take for 3-4 weeks after leaving malaria area.

For TREATMENT - 1 tablet 3 times daily with meals for one week.

4. PYRIBENZAMINE:

For use in early colds or in any allergy. How to use: One tablet with each meal. Note: These pills may make you sleepy. Black coffee will help to keep you awake.

5. WATER PURIFICATION TABLETS:

USE two tablets to each quart of water - let water stand for 1/2 hour. There MUST be taste of free chlorine before water is used. If not present add more tablets.

6. A.P.C.:

For simple aches, such as headache or gargle in sore throat. How to use: Two tablets each 2 hours as needed. No more than 6 tablets in one day. For gargle in sore throat, dissolve one tablet in 1/2 glass boiled water, gargle each hour.

7. PAREGORIC WITH BISMUTH:

Use of control of simple diarrhea - 1 teaspoon every 2 hours, until diarrhea stops - if diarrhea is severe, with blood or pus in stools, use sulfa drugs.

8. LAXATIVE PILLS:

One or two as needed. Do not use in cases of pain in the abdomen.

9. OPHTHALMIC OINTMENT:

This ointment is an effective treatment for eye infections and irritations. In treating eye irritation, such as pink-eye, squeeze the ointment directly into the eye before retiring at night. In case of foreign body in the eye, use 2 or 3 times daily.

[illegible]ERTHIOLATE:

Antiseptic for use on small cuts, scratches, insect bites, and skin abrasions.

11. EUGENOL:

For toothaches, rub a few drops on the aching tooth and surrounding gum. Put a bit of cotton soaked in Eugenol into a cavity.

12. INSECT REPELLANT:

Use as directed on the bottle.

13. BENZEDRINE INHALER:

Use as directed on the container.

Part II

FIRST AID

First Aid is the emergency care of an injury, and must be considered only as a stopgap to prevent further injury until proper medical or surgical treatment can be secured.

The Care Given in First Aid Will Depend Upon:

1. The nearness of medical help.
2. The training and ingenuity of the person giving First Aid.
3. The equipment and supplies available at the accident.

General Principles of First Aid:

1. Keep your head and avoid panic.
2. Keep the victim lying down and warm.
3. Get a doctor or trained aid if possible.
4. Find out:
   a. What has happened?
   b. What is needed?
   c. What is available or can be improvised?
5. Control bleeding, especially if coming in spurts or flowing very freely.
6. Give artificial respiration if breathing has stopped, and asphyxia is apparent.
7. Do not move the victim before the necessary First Aid is given.
8. If the victim is unconscious, do not try to arouse him or give him anything to drink.
9. Do only what is necessary, and get the victim to a doctor or a hospital, where he may receive the necessary professional treatment. Let the doctor do it if possible.

WOUNDS

Wounds are injuries in which the skin is cut or broken. They may be large or small and may bleed profusely or very little. All accidental wounds must be considered as contaminated and are liable to develop infection. First aid is directed toward the control of bleeding and the prevention of infection.

BLEEDING -- Bleeding may usually be controlled by elevating the part and applying pressure by one of the following methods:

1. By pressure with a sterile compress or other dressing directly on the wound. This will stop bleeding in almost all wounds, and the dressing can be held in place with firm bandage or adhesive strips.

2. By remote pressure on the artery which supplies blood to the wound. Finger pressure is applied at the following points where the artery passes over a bone, against which it can be flattened. This pressure may be held long enough to apply a pressure dressing, or until a clot has formed.

The Pressure Points:

a. For bleeding from the scalp and forehead, press just in front of the opening in the ear.

b. For bleeding from the face below the brow, press at side of jaw or under jaw, just in front of the angle.

c. For cut throat, press against side of neck, below level of Adam's apple.

d. For bleeding from shoulder or armpit, press down against the first rib, behind the collar bone.

e. For bleeding from the arm, forearm, or hand, press against the inner side of the upper arm, a handbreadth below the armpit. This point is also used for the application of a tourniquet on the arm.

f. For bleeding from the leg press with the heel of the hand in the middle of the groin. The tourniquet for the leg is placed around the thigh, a hand's breadth below the groin.

Pressure on the pressure points is usually needed only long enough to permit the application of a firm dressing. Pressure must be released every fifteen minutes to avoid gangrene.

3. Tourniquet:

If all other methods fail to control bleeding from the extremities, a tourniquet may be used. Wrap a broad soft band or cravat around the limb a hand's breadth below the armpit or the groin and tie snugly, then tie a stick of wood or bayonet scabbard over the knot with a square knot and twist to tighten the band just enough to stop the flow of blood. Dress the wound with sterile gauze after dusting with sulfanilamide powder, and then bandage with firm pressure. At the end of 15 minutes loosen the tourniquet twist gradually so as to release all pressure, and watch the dressing. If there is evidence of bleeding, tighten the twist for another 15 minute interval and repeat as necessary, while getting the victim to a physician. Since the tourniquet shuts off all circulation and interferes with natural tissue repair, it should be used only as a last resort and will rarely be necessary. It may be necessary to apply a tourniquet for a brief period, if one is alone or with very limited assistance, while the dressing is being applied, after which it can be released.

4. [illegible]nd Dressing and Protection:

a. FOR LARGE INJURIES: If medical treatment is promptly available, simply cover with a large sterile dressing and bandage firmly in place. Make no attempt to clean the wound or apply antiseptic. Let the doctor take that responsibility.

If no medical treatment is at hand, apply the sterile gauze, and bandage firmly. If one has drinking water available, take the eight sulfadiazine tablets by mouth, followed by plenty of water. If one has no drinking water, the tablets must not be taken, as serious kidney trouble may follow.

b. FOR SMALL INJURIES: Minor cuts, scratches, splinters and abrasions frequently become infected by neglect. Paint the surface of the wound and the surrounding skin with mild tincture of iodine, and allow the iodine to dry. Apply a sterile gauze dressing, held in place with bandage or adhesive strips. Use iodine only on fresh injuries, do not repeat the application, and do not use old dark iodine which has become concentrated by evaporation. Do not use iodine on burns, or in the eyes.

5. Special Wounds:

a. CHEST WOUNDS: When the chest wall is penetrated, the act of breathing may draw air into the chest through the wound with a sucking sound. This must be prevented by sealing the wound, either with adhesive plaster strips, or with gauze compress covered with a thick pad or with folded clothing, held tightly against the wound with a belt or other tight bandage.

b. WOUNDS OF THE ABDOMEN: When the abdominal wall is penetrated there may also be a wound through the intestines or other organs. Therefore nothing should be given by mouth, but if the victim is very thirsty, his lips may be moistened. Anything swallowed may only increase the danger of peritonitis. Apply a sterile dressing and keep him quiet.

If there are loops of intestine protruding from the wound, the gauze should be kept moist so that the delicate surface of the intestine will not dry out. Moisten the dressing with a small amount of water every half hour.

c. WOUNDS OF THE FACE OR THROAT: After being dressed, especially if there is severe bleeding, place the victim in the face-down position so that any blood may drain out of the mouth, nose, and throat, and will not obstruct breathing.

d. WOUNDS WITH SHOCK: Wounds with severe bleeding, wounds with intense pain, such as burns, crushing wounds, and multiple wounds are usually associated with severe shock. Be sure to keep the person lying down, and after the hemorrhage has been controlled elevate the feet and legs, and cover with blankets or wraps to conserve the normal body temperature. Get the person to a hospital or doctor as quickly as safely will permit, as blood plasma or transfusion may be necessary to save his life.

e. PUNCTURED WOUNDS: Wounds made by a puncturing object, which do not bleed freely and are self-closing, are apt to be infected with tetanus. They should be seen by a physician, especially if there has not been a recent immunization against tetanus.

Punctured wounds of the abdomen may have penetrated the stomach or intestines, which usually cannot be determined by external observeration. Do not give anything to drink in case of abdominal wounds, but get them to the hospital as rapidly as possible.

SHOCK

Shock is a state of general collapse following an injury, especially those injuries which are associated with severe bleeding, with extreme pain, with exposure to cold, or multiple injuries. The crushing injuries and cases of asphyxia are complicated by shock.

The Symptoms and Signs of Shock Are:

Pale face, with bluish lips and finger nails.

Faintness and dizziness, passing into mental dullness and utter lassitude.

Cold clammy sweat, starting on forehead and palms of hands.

Complain of feeling cold, and may have a chill.

Nausea, and often vomiting.

Pulse is very rapid and weak, and may even be so weak that it can not be felt.

Shock may be so severe as to cause death, even with injuries from which one would normally expect recovery. Shock is increased by fatigue, hunger and thirst, exposure, and by mental factors such as fear, sight of one's injuries, or the dread of being a cripple.

First Aid for Shock Relies Upon Position and Warmth.

POSITION; Head low, feet elevated. This may be accomplished by using the slope of the ground, with the head down hill, or by elevating the foot of the stretcher or bed, or by placing boxes or other supports under the raised feet, and blankets under the hips. If the person must be left along, he should be placed face downward, so that if he vomits, the material will drain from the mouth, and will not obstruct his breathing.

WARMTH: Persons in shock lose body heat rapidly by radiation. This should be prevented by wrapping him both above and beneath with blankets, coats, or other wraps in the hope of conserving the normal body temperature. If he has been exposed to cold, wind or water, he may be so cold as to require added external heat in the form of hot water bottles (canteens may be used) or heated stones or bricks. Remember that this man will perhaps have very little sense of pain or temperature, and great care must be taken not to burn him with too much heat. If he is conscious and able to drink, hot tea or coffee, sweetened, may be given in sips which will help add warmth.

A person with severe shock have medical or hospital care as promptly as possible, as he will probably require blood plasma or transfusion, and no

other means may save his life. However, it is most important that positions and warmth described be used during transportation to the hospital.

Shock may lower the blood pressure to a degree which will prevent bleeding. If large wounds are not bleeding as much as one would expect, serious shock may be more dangerous than the wound. It is important to remember that the care of shock by position and warmth may restore the pressure to a point which will permit severe bleeding, and this delayed bleeding must not be overlooked.

ASPHYXIA

Anyone who has stopped breathing for over five minutes is in grave danger of death, although there are numerous cases of persons being resuscitated after longer periods of asphyxia. The commoner causes of asphyxia are drowning, electric shock, carbon monoxide and other asphyxiating gases, and various mechanical and accidental means of suffocating and strangulation.

For First Aid the manual methods of resuscitation are far more practical than any of the mechanical methods, since one can always use his hands in an emergency, whereas the minutes lost in waiting for the arrival of a machine may easily mean the difference between life and death. The Shafer Prone Pressure method is usually used in giving first aid resuscitation, as follows:

1. After removal of the victim from the suffocating factor, lay him face downward, both arms extended above the head, and one arm bent at the elbow so that the face rests on the fingers, with the face toward the finger tips. Be sure the other shoulder does not obstruct the breathing. If possible, have the head slightly down hill.

2. Kneel astride of one or both thighs of the victim, with the operator's knees just above the victim's knees. Place the hands on the victim's back so that the operator's little fingers are at the lowest rib, the fingers and thumbs turned outward in a natural position and the tips of the fingers just out of sight around the curve of the chest. The wrists should be about a hand's breadth apart.

3. With the arms held straight, swing forward so as to increase the weight on the victim's chest, thus forcing the air out of the victim's lungs. Do not swing so far forward that it is necessary to push back to return to the first position. Be sure the elbows are straight. Hold the forward position about 2 seconds, the amount of pressure being governed by the age and size of the victim.

4. Lift the hands, and swing back so that all pressure is suddenly released from the victim's back. This results in expansion of the chest and a resulting intake of air. Be careful not to punch the victim's back when lifting the hands. If the hands are left resting on the victim's back, their weight will slightly reduce the volume of air taken in. It is less tiring to the operator if the hands are not held out over the victim's back but are dropped for a brief rest with each swing back to the first position.

5. Rest for about two seconds and then swing forward again to repeat the operation, and continue at the rate of twelve to fifteen times per minute, with regular and uninterrupted rhythm.

6. Continue artificial respiration until the victim resumes normal breathing, or until he has been pronounced dead by a physician. Persons have been resuscitated after many hours of artificial respiration, frequent changes of operator being made without interruption of respiration.

7. Asphyxiated persons become chilled very rapidly and suffer severe shock. Wet clothing should be removed, and the victim wrapped in blankets both above and beneath, during resuscitation. Tight clothing about the neck or waist should be loosened.

8. Resuscitated persons should be kept lying down and should not be permitted to stand or walk until the physician allows them to do so. When conscious, and able to swallow, sips of sweetened hot tea or coffee may be given.

A person who has been resuscitated should never be left alone as he may stop breathing and will then require immediate artificial respiration again. This is particularly apt to happen after carbon monoxide poisoning, since there is often a dangerous amount of the gas left in the blood even after the victim has been resuscitated.

Carbon monoxide poisoning frequently results from breathing exhaust gas from cars and trucks, or from incomplete combustion in stoves and improvised heating devices, in improperly ventilated rooms or tents. Never sit in a closed car with the motor running.

Drowned victims may or may not have water in the lungs. Waste no time trying to get it out. Merely place them in the prone position and with the head slightly down hill if possible, and the fluid will drain out as artificial respiration proceeds.

Start artificial respiration as soon as a drowned person is brought from the water. After five minutes under water the chances of recovery become rapidly less and less, and wasted seconds may mean a lost life. There is not time to read directions or hunt for machinery. You must know how to give artificial respiration, and get into action at one.

Not all "drowned" persons can be revived even though rescued immediately, after very brief periods of submersion. Many of these have died of heart failure and might have died from similar exertion of fright on land as well as in the water.

BURNS

Burns are among the most painful injuries one may receive, and the immediate first aid must be directed to the relief of pain, the prevention of shock, and the prevention of infection. Many burned persons die of shock, but could recover from their burns if shock were properly treated. Badly burned persons must be taken to the hospital as rapidly as possible, but proper first aid must be given before and during transportation.

If hospital or medical treatment is promptly available, simply cover the burned area with sterile dressings like any other injury, to prevent further contamination, then wrap the person in blankets, lower the head and elevate the feet, give warm drinks if he is able to swallow, and get him to the hospital.

For minor burns, or when there is no medical treatment available, cover the burn with boric acid ointment, apply a sterile dressing bandaged firmly in place, give the eight sulfadiazine tablets with plenty of water, and follow with the shock measures as described above. If no boric acid ointment is available, use a paste made with boiled water and baking soda, or for burns of the hand, immerse in salt solution, (1 teaspoonful sodium chloride to a pint of lukewarm water) and hold the burned area under the salt water until the pain is gone.

Do not pull off any clothing that may be stuck to a burn, and do not attempt to clean it up. Let the doctor take that responsibility. Do not put iodine on a burn.

POISONING

Poisons may be given or taken accidentally or intentionally, but the more promptly they can be eliminated, the better the chance of recovery. Some poisons are absorbed very rapidly, others are corrosive and may even perforate the stomach, and some result in spasm of the throat and oesophagus, so that whatever is done must be done quickly. In the excitement of a poisoning case one is apt to forget all the chemistry and antidotes he ever knew, and in some cases the nature of the poison taken will not be known, or even if known there may be none of the approved antidote available.

The emergency care of poisoning therefore resolves itself to the simple and practical problem of diluting and washing out the poison, until most of it is removed, and repeating the procedure until the victim is relatively safe:

DILUTE: Immediately give glass after glass of fluid by mouth. This may be plain water, water with salt or soda in it, soapy water, dish water or any harmless drink which will rapidly fill the stomach beyond the point of tolerance.

WASH OUT: If vomiting does not occur spontaneously after five or six glasses have been rapidly swallowed, tickle the back of the victim's throat with the handle of a spoon, or have him run two fingers back into the throat, and vomiting will almost always occur.

REPEAT: Have the above measures repeated till the fluid returns practically clear as given.

In the meantime send for the doctor, and if the proper antidote is known, try to procure it so that it may be given according to directions.

After the stomach has been washed out by repeated vomiting, a soothing drink should be given, such as milk, or milk and eggs beaten together, or salad oil. These are especially valuable in case corrosive poisons have been taken.

All poisoning cases should of course have medical treatment, but do not delay the diluting and washing out as first aid while waiting for the doctor.

SNAKE BITE

A person bitten by a poisonous snake is always in great fear and every effort should be made to keep him quiet, and prevent him from running, as this only serves to distribute the poison.

1. Get him lying down and reassure him that most cases recover.

2. Tie a constricting band immediately above the fang marks, tight enough to make the surface veins stand out, to limit the poison to the locality of the bite, but not tight enough to shut off all circulation. This is not a tourniquet and should not shut off the deeper arteries and veins.

3. Make an X cut about 1/4" long and 1/4" deep at each fang mark, being careful to avoid cutting blood vessels or tendons.

4. Apply suction, using a snake-bite suction kit, suction by mouth, or an improvised suction jar made by burning paper in a wide mouth bottle to create a vacuum.

5. As the swelling spreads move the constricting band to keep above the swelling, and make additional incisions with suction if necessary. The incisions where suction is not being used should be kept covered with dressing moistened with a solution of Epsom salts or table salt.

6. Get the victim to a hospital if possible, as blood transfusion may be necessary, but do not delay the immediate first aid measures to suck out the poison.

7. If breathing becomes weak during care of snake bite, artificial respiration should be given.

FRACTURES

A broken bone will usually heal if it can be kept from moving at the break, if it does not become infected, if it has proper blood circulation, and if it has been put back in proper position. The latter should be done by a physician, but much can be done in first aid to promote the rapid recovery from a fracture.

1. Keep the victim lying down, and do not permit him to move until splints have been applied, or other necessary first aid given.

2. Get a physician, if possible. If no physician is available get someone well trained in first aid, as the application of splints requires skill and practice.

3. If a fracture victim must be moved, splints must be applied first, in all fractures of the long bones of the limbs. Traction splints should be used if possible. If that is not possible, padded side boards may be used, but they must be longer than the bone that is broken. In case of a broken thigh bone the splint should be long enough to reach from the armpit to the heel, on the outside of the leg while the other leg may be used as a support for the inside, or a board reaching from the crotch to the heel. Pad the boards carefully to fit the leg, draw

[illegible] firmly into natural position and apply the boards, binding them firmly in place.

4. Fractures of the forearm, wrist and hand, and fractures of the lower leg ankle, and foot may be given emergency support by the use of folded blankets, pillows, or large magazines or several newspapers, bent to form a channel in which the limb may be bound in place.

5. When there is a compound fracture, one in which the bone is broken and there is also a wound through the skin, there is grave danger of infection. Apply the sulfa powder to the wound, and cover it with a sterile dressing like any other injury, and take the sulfadiazine tablets with plenty of water. Get to a doctor as promptly as possible so that he may give the proper treatment before infection sets in.

FRACTURES OF THE SPINE

If the neck or back are broken, it is most important that they are not permitted to bend, particularly that they do not bend forward. Keep the victim lying down, and make no attempt to raise or lift him until the nature of the injury has been determined.

1. If the neck is broken and the spinal cord injured, he may be unable to move either hands or feet. If the back is broken, he can move his hands and fingers but the legs and feet may be paralyzed.

2. If the neck is broken, transport in the face up position. Carefully roll him onto a board or rigid support, taking great care that the head moves with the shoulders and is not bent or lifted as he is rolled over. If he is found face up, slide him sideways onto the rigid support, holding the head so that it moves with the shoulders as a unit. Then support the head with a blanket rolled to form a horseshoe about the head, or use sand-bags, to keep the head motionless during transportation.

3. If the back is broken, roll or slide the victim onto the rigid support so that he is face down during transportation.

TOO MUCH HEAT

Persons going into tropical or subtropical climates for the first time must pay particular attention to the customs of the country to avoid being overcome by the heat. Keep the head covered, wear cool loose clothing, bathe frequently, eat lightly and avoid heavy meals in the heat of the day.

Nature cools our bodies by the evaporation of perspiration. Since all the fluids of the body are salty, we constantly deprive the body of salt when we perspire. If this goes on to excess there develops a salt deficiency which becomes dangerous if it is not replaced. Therefore anyone who perspires freely should increase his normal salt intake, either by adding to the salt usually taken with meals, or by taking salt tablets throughout the day, with plenty of water. One tablet every two hours may be needed if one is sweating freely.

SUNSTROKE: This comes on suddenly, preceded by headache, dizziness or nausea. The skin is red and dry and very hot. Temperature may go to 108° or higher. The pulse is pounding and rapid. Usually unconscious. Frequently fatal. Cool the victim as rapidly as possible. Take into the shade, in a breeze if possible. Remove most of the clothing and sponge or spray with water, fanning to increase the evaporation. If ice is available, rub with pieces of ice and apply an ice cap to the head. Call a doctor at once. A similar condition when it occurs indoors in very hot conditions is known as "heatstroke", and requires the same first aid.

2. HEAT PROSTRATION: This is a form of heat collapse very similar to shock in appearance. There is a feeling of faintness, "clouds in front of the eyes", nausea and perhaps vomiting. A cold clammy sweat appears, with weak rapid pulse, followed by complete prostration and lassitude, often with mental dullness. Keep the victim lying down, in a cool place with fresh air, but cover with blankets and put in shock position, with head low and feet elevated until the pulse and temperature come back to normal, and the sweating is checked. Give salt tablets with water.

3. HEAT CRAMPS: Cramps of the muscles of the leg, thigh, back and abdomen are fairly common when one who is not used to it is obliged to work under extremes of heat and humidity. Plenty of salt with the drinking water will usually prevent cramps. Salt with dextrose sugar seems to be better than salt alone. If muscle cramps occur, give the same care as that recommended for heat prostration, and in addition gently massage the cramped muscles, with plenty of salt and water. Do not drink sea-water under any circumstances, as it contains other salts and is too concentrated, unless one has unlimited fresh water.

FREEZING

When the skin or deeper tissues are frozen, they must be thawed gradually and returned to body temperature with the greatest care. Do not rub with snow, as this may cause severe damage to the tissues and increase the freezing. Get the victim into shelter, out of the wind, but avoid hot rooms and do not get close to a fire or heater.

Slightly frozen hands may be slipped inside the clothing, under the arm, so as to gradually warm them to body temperature. The nose, ears, cheeks or chin may be muffled with dry wool or fur.

Severely frozen hands or feet should be immersed in cold water, at a temperature from 45° to 50° F. Any ice which forms on the frozen surface should be gently shelled off, as ice acts as an insulating layer. Avoid any rubbing or deep massage of a frozen part. Gently bending or twisting motions made by the victim will help restore circulation.

During the thawing of a frozen part the rest of the body must be kept warm with blankets or wraps. Hot water bottles or heating pads may be used, but they must not be near the frozen part.

Hot tea or coffee may be given, but alcohol should be avoided. If medical treatment is not available when a frozen part has been thawed, it should be given the same first aid care as a burn.

IMMERSION FOOT

When the feet have been exposed to long periods of immersion in water, or have been for days in wet shoes, in mud and water, swamps, wet trenches or similar conditions, the feet become swollen, red, painful, blistered, or covered with sores. Shipwreck survivors rescued from life rafts after days in the water may have most severe cases of immersion foot, and should not be permitted to walk when rescued, but should be carried until they can be placed in bed. The feet should be elevated and exposed to the air of a cool room, while the victim's body is kept warm with blankets or wraps. Boric acid ointment may be applied to any open sores on the feet, but no bandages or dressings should be applied as the least pressure may check the very poor circulation. Get medical treatment as soon as possible. Do not apply any heat, and keep the room cool.

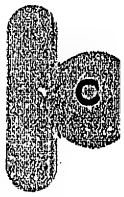
ABDOMINAL PAIN

Pain in the abdomen may be the result of so many different things that the only safe procedure is to get the services of a physician at once. Do not attempt to decide one's own medication if it is possible to get a doctor. It is particularly dangerous to take a strong laxative without the doctor's order, as there is always the chance of appendicitis or some other surgical condition which may be seriously complicated by a laxative.

BASIC MEDICAL KIT
(to be modified to fit region)

#	ITEM	QUANTITY
1.	A.P.C. Tablets	100
2.	Bicarbonate of soda tablets	50
3.	Halazone tablets	24
4.	Sulfadiazine tablets	50
5.	Potassium permanganate tablets	20
6.	Laxative tablets	10
7.	Vitamin tablets	100
8.	Insect repellant (bottle)	1
9.	Antiseptic (iodine swabs)	3
10.	Insect powder (DDT)	1
11.	Fraziers solu. (ounce)	1
12.	Paregoric (ounce)	1
13.	Butyn & metaphyn eye ointment (tube)	1
14.	Foot powder (can)	1
15.	Adhesive tape (1")	1
16.	Bandage (1" and 2" roll)	1 ea.
17.	Triangular bandage	1
18.	Clinical thermometer	1
19.	Pins, safety	3

Quantity based on supply of one man for one month.
Resupply by request for specific items.



For Areas with Malaria and/or Dysentary
(Specific items changed as needed)

#	ITEM	QUANTITY
1.	Basic medical kit (see list)	1
2.	Atabrine tablets	25
3.	Bismuth and paregoric mixture	4 oz.
4.	Diodoquin tablets	140
5.	Halazone tablets	24
6.	Pyribenzamine tablets	30
7.	Antiseptic (alcohol or merthiolate)	4 oz.
8.	Insect repellant (bottle)	1

Quantity based on supply of one man for one month.
Resupply by request for specific items.

Basic Supply for 70 men over 90 days
- estimated casualty is 0.8 per day

DRUGS	Per man	Factor	Total
1. Antiseptic (alcohol)	oz. 4	x72	oz. 288
2. Atabrine	2	x72	144
3. A.P.C.	4	x72	288
4. Bismuth Subcarbonate	4	x72	288
5. Butyn & Metaphyn eye oint.	1/10 tube	x72	8
6. Boric acid ointment	oz. 1	x72	oz. 72
7. Benzedrine tabs.	1	x72	72
8. Castellan is paint	oz. ¼	x72	oz. 18
9. C. C . Pills	.3	x72	21.
10. Diodoquin tabs.	7	x72	510
11. Eugenol	oz. 1/36	x72	2
12. Halazone tabs.	1	x72	72
13. Iodine tr. (ampule)	½	x72	36
14. Insect powder	lb. 1/8	x72	lbs. 5
15. Magnesium sulphate	lb. 1/8	x72	lbs. 5
16. Nitroglycerin tabs.	1/100 Gr.	(One tube of 20)	20
17. Potassium permanganate	6	x72	430
18. Pyribenzamine	2	x72	144
19. Paregoric	oz. 2	x72	oz. 14.4
20. Powder-Foot	lb. 1/8	x72	lbs. 5
21. Quinine	1	x72	72
22. Sulfadiazine	4	x72	288
23. Sulfadiazine ointment	oz. 1	x72	oz. 72
24. Vita min tablets	30	x72	216
Morphine syrettes			5
Ether ¼ lb. (for anesthesia)			3

EQUIPMENT

Speculum, ear	1 set
Speculum, nasal	1
Sphygmomanometer	1
Splint, Basswood	1 set
Stethoscope	1
Test card, Snellen	1
Tongue blades Wood (500)	1
Table, instrument	1
Hot plate, single	1)
Sterilizer instrument	1) (voltage & cycle ?)
Label, poison, small	1 book
Label, vial, small	1 book
Basin, hand	2
Basin, pus	1
Box Ointment, (3 in nest)	1 dozen

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EQUIPMENT

Box, tablet folding (500)	1 unit
Jar for dressings	1
Lamp alcohol	1
Tape measure (60)	1
Thermometers ord. clinical	3
tray instrument 15"	1
vials (with caps) 1 oz.	2 dozen
vials (with caps) 4 oz.	2 dozen
Applicators wood (500)	1 box
Urinalysis Set	1
Safety razor	1
Blades to fit (5's)	2 pkgs.
Medicine glass	2
Sutures surgical single armed "o"	12
Forceps set, hemostatic	1
Syringe 2 cc Luer	2
Syringe 10 cc Luer	2
Needle, hypodermic 23 gauge 3/4" (12)	1 set
Needle, hypodermic 21 gauge 1½" (12)	1 set
Cotton absorbent 1 lb. roll	2
Bandage ACE 3" x 5½ yds.	6
Bandage gauze 2"	24
Bandage gauze 1"	24
Bandage gauze ½ "	24
Bandaids (box 500)	1
Tubing rubber ¼" inside dia.	12 ft.
Scissors bandage 5½"	1
Scissors straight mayo. 5½"	1
Scissors curved 5"	1
Handle, operating knife #3 6's	2
Blades, operating knife #10 6's	1
Water testing and screening kit complete	1

SECRET

Suggestions for policy regarding issuance of medical supplies to CIA-OSO overseas personnel.

Objective. To provide a sound policy to govern the issuance of medical supplies to CIA-OSO overseas personnel.

CIA-OSO Obligations

1. Legal. The legal obligations of CIA-OSO to provide medical care and/or issue medical supplies are laid down in Public Law 110, 81st Congress; The Federal Employees Compensation Act of September 7, 1916, as amended; Standardized Government Travel Regulations; and Standardized Government Civilian Allowance Regulations.

2. Moral. Beyond these legal obligations it is believed that from the standpoint of operational efficiency and good morale, CIA-OSO has the moral obligation to safeguard the health of CIA-OSO overseas personnel through the issuance of certain medical supplies. It is further believed that CIA-OSO moral obligations extend also to the dependents of CIA-OSO overseas personnel insofar as the medical problems of such dependents are due to the area of assignment of the husband and/or father, and since there is bound to exist a direct relation between the operational efficiency of CIA-OSO personnel and the health of their dependents.

It is realized that medical supplies are ordinarily considered to be personal items and, therefore, should properly be purchased by the individual user. It is felt, however, that in certain cases medical supplies should be issued by CIA-OSO to personnel stationed or destined for overseas station. The following conditions should govern the issuance of such medical supplies:

1. There exists an actual need on the part of CIA-OSO overseas personnel and dependents for certain medical supplies.

SECRET

2. The need for these medical supplies can be justified in terms of the medical hazards encountered by CIA-OSO overseas personnel and dependents due specifically to their area of assignment.

3. Specific medical supplies are either not available, of such poor quality as to be almost useless, or available only at a prohibitive cost in the area to which CIA-OSO overseas personnel is assigned.

Procedure.

1. Individual issue.

The Foreign Branch will prepare requisition for initial issuance of necessary medical supplies to CIA-OSO personnel departing for overseas station.

a. Branch requests for initial issuance of medical supplies to CIA-OSO personnel and dependents departing for overseas station will be restricted to the minimum essentials required to furnish adequate medical protection for a period of three months. In making this request the Foreign Branch will be guided by the knowledge they have as to the existence of medical problems peculiar to their area, the mode of transportation of such personnel, and the availability of medically efficient and reasonably priced supplies and pharmaceuticals in the area. All Foreign Branch requests for the issuance of medical supplies will contain written justification in terms of the preceding paragraph.

b. Foreign Branch requests for medical supplies will be hand-carried by the individual concerned to Medical Services which will screen such requests in terms of justifications offered by the Foreign Branch and, in addition, consider such requisition in the light of the specific medical problems of the individual concerned and his dependents.

Medical Services will make additions or deletions to Foreign Branch requests based on the foregoing considerations. Medical Services will also make substitutions in such lists where, in their estimation, some other pharmaceuticals are more satisfactory than those requested by Foreign Branch. Medical Services will forward Foreign Branch request back to originating branch with their suggestions and recommendations.

c. Foreign Branch will then submit requests for medical supplies to Procurement & Supply Section, OSO, through Deputy Services Officer, Covert, who will act on such requests in accordance with existing CIA-OSO rules and regulations.

2. Station Issue.

CIA-OSO chiefs of station will submit quarterly requests for medical supplies to the Foreign Branch chief who will in turn forward such request with his suggestions and recommendations to [redacted] 25X1 CIA-OSO through Deputy Services Officer, Covert.

a. Quarterly requests from the field for medical supplies will be based on the actual use of medical supplies by station personnel and dependents during the preceding quarter and the anticipated needs in terms of such factors as changes in climatic conditions, the existence of epidemics, etc.

25X1 b. [redacted] on the basis of station requisition and Branch and DSO/C recommendations, will issue necessary supplies to station.

c. Station chief will be responsible for individual issuance of medical supplies to personnel at his station.

Suggestions.

It is suggested that chiefs of station make quarterly reports to Foreign Branch chief as to the medical conditions in their area. (It is felt that the post reports now submitted do not contain sufficient information concerning medical conditions in the area and the availability of medical care and supplies.) Such report will also furnish information concerning cost and availability of medical care and supplies at stations. Foreign Branch will forward such reports to Medical Services for their consideration. In addition, it will be the responsibility of the chief of station to immediately inform Medical Services through Foreign Branch chief as to the development of dangerous medical conditions in the area, as for example, epidemics, etc.

This is a certified true copy.
9 September 1949

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Approved For Release 2003/01/27 : CIA-RDP81-00728R000100140004-5